

THE  
**Chicago Medical Journal.**

A MONTHLY RECORD OF

*Medicine, Surgery and the Collateral Sciences.*

EDITED BY J. ADAMS ALLEN, M.D., LL.D.; AND WALTER HAY, M.D.

---

VOL. XXXI. — SEPTEMBER, 1874. — No. 9.

---

**Original Communications.**

ARTICLE I.—*On the Use of Ice in Painful Conditions of the Bladder and Rectum.* By HENRY M. LYMAN, M.D., Professor of Chemistry in Rush Medical College, and one of the Attending Physicians to the Cook County Hospital in Chicago.

Having been recently in a number of instances reminded of the value of ice in the treatment of painful affections of the rectum and bladder, I have thought it worth while to group these notes of cases, which, though presenting nothing new or particularly interesting, may serve to remind the readers of the JOURNAL of the virtues of a well-known remedy.

*Internal Piles.*—A vigorous young man, very active in his habits, suffered exceedingly with internal piles. After trying a great variety of remedies, without gaining anything more than temporary relief, the use of ice-plugs in the rectum was proposed. This measure completely subdued the pain which had tormented the patient, and after a few days of treatment he was cured. But, being of a hemorrhoidal diathesis, he is subject to occasional recurrent attacks of the disease. This, however, gives him little trouble, for the ice-plug passed above the internal sphincter muscle, soon gives him control of what was formerly a most distressing affair.

VOL. XXXI. — No. 9.

The late Dr. Chandler Gilman, of New York, used to describe to his classes the frightful suffering from piles which he had experienced when a young man, and was in the habit of employing the most fervid rhetoric to set forth the completeness of his cure by injections of ice-water into the rectum. The remedy is simple, and sometimes very effectual.

I was called in great haste, one afternoon, to see a lady who was suffering severely with intrapelvic pain. There was excessive tenesmus and urgent desire to urinate, effecting the passage of a little water from the bladder, and a great deal of slime from the rectum. I at first suspected dysentery, but the absence of inflammatory symptoms negatived this view. She had previously had a cyst in one of the broad ligaments, and the physician who saw the case with me inclined to the opinion that we had to deal with a relapse of the uterine ailment. So great was her pain that it became necessary to attempt its relief before perfecting the diagnosis. An hypodermic injection of the sulphate of morphia with atropia gave relief for two or three hours, but then the suffering was renewed. I now made a complete examination of the patient. The abdomen was flaccid, and was not painful on pressure. The uterus was in its normal position, and was not painful. Pressure against the posterior wall of the bladder gave no pain. The same was true of the lateral walls of the vagina. But when the finger was directed against the rectum, it discovered considerable swelling, great heat, and exquisite tenderness in that region. I immediately placed a large piece of ice in the vagina, and soon followed it with another. I was in a few minutes gratified by finding my patient much easier than she had been for half a day; and after introducing a vaginal suppository of morphia and belladonna. I was able to leave her perfectly comfortable. The next day she was out of bed, and has experienced no more pain.

*Irritable Bladder.*—One of my patients, not long since, during the last three weeks of pregnancy, suffered great inconvenience from pressure of the foetal head against the bladder. Incontinence of urine was caused by this unusual pressure, and it was several weeks after delivery before the bladder recovered from the irritability thus induced. Several times the distress was sufficient to prevent sleep, in spite of the ordinary routine of opiates, diluents, suppositories, etc. I at length became aroused to a

recollection of previous experience with ice, and proceeded to its use. The relief which it gave was immediate and complete.

*Vesical Irritation caused by Cantharides.*—An affectionate couple who had just retired for the night, happened to fancy that a glass of wine was all they needed to perfect their joy. Groping in the dark, the husband poured out a teacupful of wine, which he divided with his wife. The immediate effect was agreeable, but this was soon succeeded by the severest symptoms of strangury. A physician in the neighborhood was anxiously consulted, but with so little success that in the morning I was called in. The cause of the strangury had by this time been discovered in a number of Spanish flies, which had in some unaccountable manner found their way into that particular teacup which had served as a wine-glass the evening before. I advised a diligent perseverance in the use of the opiates and diluents which had been already prescribed; and I also lodged a large lump of ice in the vagina of the woman, and a smaller suppository of the same kind in the rectum of the man. They soon pronounced this *the best thing yet*, and were from that time rapidly convalescent.

*Recto-Vaginal Abscess.*—I was once requested, one hot summer evening, to see a poor woman in a distant part of the city. Arrived at her residence, I found her surrounded by a shanty full of men, women and dogs, all gesticulating wildly, and chattering like a flock of Low-Dutch magpies. With the help of two interpreters, I at length succeeded in drawing out the fact that my patient had been confined by a mid-wife about five days previous to my visit. During the course of labor she had complained that "the mid-wife hurt her." After delivery she had remained comparatively comfortable until that evening, when the mid-wife, having absorbed a quart of strong beer in honor of baby, had undertaken to inject her patient with another quart of warm soap suds. This operation caused great pain, and when taxed with malpractice, the old lady was not in a condition to deny the charge with any degree of assurance. The consequent explosion was the event which occasioned my introduction to the scene.

Thus instructed, I proceeded to an examination. My patient was a large, bony, haggard-looking creature, sweating profusely, and covered with *miliaria*. Her countenance expressed the greatest anxiety and distress. Her tongue was thickly coated

with yellowish-white fur; the pulse was small, feeble, and rapid. The abdomen was overlaid with fomentations and poultices of several species. It was not distended, nor anywhere painful on pressure. The uterus was well contracted and painless. I passed two fingers into the vagina, but discovered no cause of pain until I reached the posterior wall. The rectum seemed to be greatly distended, and was very hot and exceedingly tender. Passing my forefinger into the rectum, I found nothing there, but the recto-vaginal septum was thickened, and seemed to yield under the finger like gangrenous flesh. I could detect no fluctuation, and was fearful that the septum was about to slough away. I could not quite satisfy myself with regard to the cause of this condition of the parts; but such hesitation found no place among my companions. *Scalded by a mid-wife*, was the unanimous verdict of our numerous jury, and masculine accoucheurs were at a premium in the mouth of every woman in the crowd. But something must be done, so I ordered an opiate, and advised the use of a lump of ice in the vagina. Ice! That was something used at the saloons to keep beer cool. It was an unknown commodity in that part of the city. One old crone was quite confident that it could not be a safe thing so soon after delivery. Very well. I promised to call the next morning, and hastened into the open air.

On the following day, accordingly, I found myself, with many misgivings, approaching the humble abode of my unfortunate patient. I entered. The cottage was clean and quiet. Its only occupants were the sick woman, her baby, and a single attendant. She was sitting in a rocking-chair, and a smile of gratitude rippled from ear to ear across her rugged features. "Was she better?" "Yah!"

The powders had done her no good (?); so, after a grand family debate, it had been decided to obey the doctor, and her husband had sallied forth into the night in search of ice. A benevolent butcher had been prevailed upon to furnish the article, and, sometime after midnight, the first suppository of ice was duly placed in position. Speedy relief was the result, and my patient slept till morning. Her symptoms all indicated great improvement, and, during the whole process of suppuration, until the evacuation of an abscess through the rectum, a week afterwards, a lump of ice in the vagina was always sufficient to prevent the recurrence of severe pain.



ARTICLE II.—*Multilocular Sero-Cystic Ovarian Tumor successfully treated by Means of the Electropuncture.* By PLYM. S. HAYES, M.D., Chicago.

Miss S——, a medical practitioner, aged 40, consulted us Feb. 21st, 1874, with regard to an abdominal tumor. She is of nervous-sanguine temperament, the nervous predominating; a little below the medium height; of previous good health, the most severe illness she had ever experienced being an attack of cholera, seven years previous.

She commenced menstruating when thirteen or fourteen years old, and has menstruated regularly ever since without pain, until December 1st, 1873, at which time her attention was called to a tumor near the crest of the right ilium; since then, the menstrual periods have recurred at shorter intervals, and the discharge has been "dark and gummy for the first few hours, and quite profuse."

She has been troubled with a slight leucorrhœa for a number of years.

When the tumor was first discovered it was about the size of an orange, and the patient could distinguish through the abdominal walls a connection between it and the uterus.

About the middle of December, on jumping from a carriage she felt the tumor fall from its first position—at the crest of the right ilium—and in the course of two or three days it was detected in the left iliac fossa.

The tumor is at times the seat of a dull heavy pain, increased by pressure.

The patient says she can trace the outlines of three distinct lobes; these could be distinguished four weeks after the discovery of the tumor.

For the last two years she has experienced pain in the neighborhood of the rectum. She has lost considerable flesh since the discovery of the tumor.

She had diagnosed the growth as a multilocular sero-cystic ovarian tumor. Our first examination confirmed her diagnosis.

As her general health had suffered somewhat, she was advised to rest, and the electro-thermal bath was prescribed, during which the faradaic current was passed transversely through the tumor; after this the positive electrode, surrounded by a sponge, was placed

on the abdomen over the growth, while the electrodes opposite the tumor were made negative; this treatment was preceded and followed by the use of the general currents. For about two weeks, under this treatment, the tumor decreased in size and the general health of the patient improved. At this time the menses appeared, and the tumor regained its former size.

In an examination prior to operating, Dr. A. Reeves Jackson was invited to examine the patient with us; which he did March 11th.

The abdomen was as large as that of a woman five months pregnant. The growth extended an inch and a half above the umbilicus when the patient was supine. As the abdominal walls were quite thin, the outlines of the tumor were easily distinguished. Three lobes could be distinctly outlined: one in the right iliac fossa, which had attached to its inferior portion a pedicle passing into the cavity of the pelvis; one to the left of the median line, connected by a band to the first named lobe: and a third—the original tumor—below this band and just above the pubis; this lobe was felt to be nodulated.

Fluctuation could be distinguished in the first two when palpation was employed over each separately, but not when the hand was placed over the one and the other percussed.

Digital examination revealed the fact that the os uteri was directed backward, pressed firmly against the rectum, and congested. Bimanual examination demonstrated that the tumor was not uterine. The sound was introduced into the uterus, and the tumor moved from side to side without producing any marked movement of the sound. The uterus was of normal depth.

The first operation took place at 5.30 P. M., March 13th. The patient was placed on her back on the table and her abdomen exposed. Ether spray was used to produce local anæsthesia over the points selected for the introduction of the needles.

Two needles were used, one insulated, and the other uninsulated, and attached to the same pole—negative—by means of a *serres-fines* conductor. The needles were introduced by Dr. Jackson. The insulated needle was introduced one inch and three-quarters into the abdominal walls and penetrated the right cyst, on a line connecting the anterior superior spinous processes of the ilia, and five inches from the right anterior superior spinous process. The

uninsulated needle was introduced two inches, penetrating the left cyst in the same line with the other needle, three and a half inches from the left anterior superior spinous process.

Following the introduction of the needles the positive electrode, surrounded by a moist sponge, was placed over the right sacro-iliac articulation. The current from a battery of twenty-one Hill elements—with a galvanometer and rheostat in an accessory circuit, with a resistance of 2100 B. A. units and that of the galvanometer coil in this circuit—was applied for three minutes, when nine more elements were added, and the current from thirty elements continued for twelve minutes longer. The skin became whitened and raised around the uninsulated needle, while it remained depressed and unchanged around that which was insulated. A few drops of a clear serous fluid exuded on the withdrawal of the insulated needle. There was no hemorrhage from the needle punctures. Before the operation the pulse was 112 to the minute, during the operation 108, and afterwards 112.

For three nights and two days following the operation there was marked diuresis and diaphoresis. The pulse during this time was not less than 88, nor more than 112 to the minute. There was no pain after the operation, and for the first twenty-four hours afterward she suffered less than usual.

During the afternoon of March 14th she sat up in a chair, and received electrical treatment. Her feet were placed in warm water, into which the positive electrode had been placed, while the negative, enclosed in a sponge, was applied over various portions of the tumor for five minutes, with a galvanic current from twenty-one elements. Then the negative was placed in the foot bath and the positive held in the hands for ten minutes. This treatment was again given on the following afternoon.

When she first sat up, the day following the operation, she said that she felt a drawing sensation as though an adhesion were forming at the point where the insulated needle was introduced.

For some time prior to this treatment the patient had found it necessary to take a lunch between regular meals, probably on account of the rapid growth of the tumor; but since March 16th she has not felt the need of it.

March 21st, Saturday, she left the city on a visit, and returned

Monday. She said that she had not felt so well since she left, and that her abdomen was larger.

At 5.45 P. M., March 23d, an insulated needle was introduced seven-eighths of an inch into the abdominal walls—penetrating the right cyst of the tumor—about one-half of an inch from the former point of the introduction of the insulated needle. The current from thirty elements, with the same resistance in the accessory circuit, and applied as before, was continued for twelve minutes.

Before the operation the pulse was 92, after it, 112, and during the following evening, 96. This operation was followed, as in the previous case, by marked diuresis and diaphoresis, which continued for nearly two days.

At 4.15 P. M., April 9th, an insulated needle was introduced to the depth of one inch, penetrating the left cyst, half an inch nearer the median line than the point of introduction of the uninsulated needle. The current from thirty elements was employed, as in the former operations, and continued for fifteen minutes. The pulse before the operation was 118; after it, 100. No diuresis followed this operation; the patient, however, was in a gentle perspiration for some time afterward.

April 18th, at 4.30 P. M., the fourth and last operation was performed. An insulated needle was introduced to the depth of one inch and a quarter into the abdominal walls, one-half of an inch from the last puncture on the right side, and penetrating the right cyst. A current from thirty elements was employed as before for fifteen minutes. The pulse was constant at 98. The patient labored under more nervous excitement than at any previous operation. This was probably due to the proximity of her menstrual period. There was before the operation distinct fluctuation in the right lobe, while the left lobe could hardly be distinguished.

April 24th—She has just ceased to menstruate, and the tumor appears to be as large as before the last operation.

April 26th—The tumor has diminished much in size.

April 29th—Dr. Jackson made an examination through the abdominal walls. *The left cyst could not be found.* While using considerable force in trying to ascertain the size and position of the now greatly diminished right cyst it was ruptured with an audible sound. Following the rupture there was dullness on per-

cussion at the most dependent portion of the abdomen, which was most marked when the patient was lying on her right side. The pulse was not accelerated, and there was no systemic disturbance following the rupture.

May 1st—The patient has voided more urine than usual, during the last two days. No tumor can be detected, and the ovary somewhat enlarged can now be felt. Percussion does not reveal any dullness above the pubis when in an erect position.

June 20th—An examination made this evening failed to discover any tumor. The right ovary could be distinguished through the abdominal walls, displaced to the left, and somewhat enlarged. No fluctuation could be felt, and the abdomen was resonant on percussion over the entire region of marked dullness prior to the last operation. The abdominal walls have become thickened and have lost the bluish cast which they had before the operations. Her menstrual periods have assumed their former regularity as regards time, and quantity, and quality of the discharge. Her general health is much improved, and during the last few weeks she has been gaining in flesh. During the time prior to, between and subsequent to the operations, the electro-thermal bath was used as an adjuvant to improve the general health and relieve the uterine and ovarian congestion.

July 21st—Two examinations have been made since the last notes were taken, at which time no cysts could be found. To-day Dr. Jackson made a thorough examination. He concurred in our opinion, that the cysts had been destroyed.

Four operations were performed. At the first, two needles were introduced, and subsequently only one needle was used at each operation. The longest period that intervened between any of the operations was seventeen days, which occurred between the second and third. Nine days intervened between the first and second and between the third and fourth operations. The needles used were insulated to within half an inch of their point, save in the first instance, when one of them was uninsulated. We used the insulated needles in preference to the uninsulated, because the punctures made by the former healed more readily than those made by the latter, on account of the uninsulated needle disorganizing the tissues in its immediate proximity. In all, two needles

were introduced into the left, and three into the right cyst. At no time was there any peritoneal inflammation set up.

During the operations the most pain was felt at the place where the positive electrode, surrounded by a moistened sponge, was applied; this produced a burning sensation.

The needles were made negative rather than positive. First, because the negative always remains intact, while the positive, unless of gold or platinum, is disintegrated and therefore leaves some salt of the metal, which composes the needle, in the tissues—these salts are probably the oxides and chlorides. Second, hemorrhage is more apt to follow the removal of the positive than of the negative needle. Third, abscesses sometimes follow the introduction of the positive, but never that of the negative needle; and lastly, the irritation of the hydrogen liberated from the negative needle, if not the immediate cause of the absorption, continues the action commenced by the galvanic current.

We consider that the operation is attended with no more danger than is the introduction of the canula of an aspirator.

---

ARTICLE III. — *Remarkable Case of Retention of Placenta.* By  
C. E. RISTINE, M.D., Edgefield, Tenn.

Was called at 5 A. M., 15th of July, 1870, by Mr. B., to visit his wife, whom he said had given birth to an apparently mature child on the day previous (14th), at 4 o'clock P. M., and that the after-birth had not been delivered. Arriving at Mr. B.'s residence, found the patient lying on her back, with head and shoulders elevated. She was a blonde, 20 years old; primapara; anemic, pale, nervous; alarmed and uneasy; suffering no pain. She was attended in her confinement by a midwife. Patient has had no pain since birth of child. External abdominal examination revealed a semi-contracted condition of uterus; soreness, but no pain, on pressure. I then proceeded to make an examination per vaginam. My hand (well oiled) was introduced into vagina, and just as the fingers had reached or touched the mouth of womb she was seized with a convulsion, which lasted about two minutes after the withdrawal of my hand. Patient said she would not submit to

another examination. However, I prevailed on her to permit one more, which should be conducted with great pains and care; but nevertheless the convulsion returned, more violent than the first. I then sent for chloroform, and, under its influence, I made an examination (patient had another but milder convulsion, the force of it being only partially controlled) which revealed attachment of cord. (The cord was severed about two inches from its attachment to the placenta, by the midwife, in her endeavor to deliver it.) On the right side, placenta was tightly and completely adherent. The effort to force my finger beneath its margin caused the patient to scream aloud. Her husband, mother and sister then interfered, and begged me to desist—to withdraw my hand and let her die, if it, remaining there, would produce death.

I used no more manual effort to extract it, and, being at a loss to know what else to do, I prescribed: ergot and quinine; rest, in horizontal position; stimulating embrocations to abdomen, over region of womb; and, when admissible, the injection of warm water per vaginam.

Things continued in the same condition; no alarming symptoms for twenty-eight days, or until the 11th of August. At 12 o'clock M. on that day the patient had several severe pains, the last one expelling the placenta, to the great satisfaction and extreme joy of the patient and relatives. The cord had sloughed off even with the face of placenta; its attachment was visible; no membranes present, except that covering the placenta; it was about half the usual size, apparently well nourished.

Patient had remained in bed twenty-eight days; I saw her every day, and during that time there was no appearance of the *lochia*, or milk. The *lochia* came on immediately after the expulsion of placenta, and continued four days. The milk appeared on the second day after, but not sufficient to nourish her child. She made a good and speedy recovery, gaining flesh and strength rapidly. Various other medicines were given during the twenty-eight days to relieve minor troubles, but nothing more to induce uterine contractions.

This lady was living at that time in Anderson county, Tenn., near Coal Creek, and unless she has moved during the last six months, resides there now.



ARTICLE IV.—*Case of Strangulated Hernia, Reduced by Gravitation and Traction.* By J. W. ROBBINS, M.D., Manchester, Iowa.

On the 8th ult. had a call to Mr. Sellens, aged 85 years. Has had hernia for many years. Says it would always go back itself, till this time, and now it had been down a week, and he could not get it back, and it was becoming very troublesome and painful.

On examination, I found a direct, intestinal hernia protruding from the internal ring of the left side, feeling to the touch hard as stone.

Having ascertained that the bowels were in a favorable condition, I gave him morphia and ipecac, and placed a sack of wet salt over the tumor. After waiting half an hour, I attempted reduction by taxis, and, failing, as I expected to, I then placed the legs of the patient over the shoulders of an assistant, and had his body raised nearly to a perpendicular position. Then, while manipulating the tumor with one hand, I grasped the abdomen with the other, and made traction as well as I could. To the joy of all concerned, the tumor, with the characteristic gurgle, suddenly disappeared.

Describing the case to a medical friend, he thought the best way was to get the finger into the ring, and then it could be reduced very readily. In my case, I think one might about as easily get the finger into an auger-hole with a wooden pin in it.

---

ARTICLE V.—*Fœtal Auscultation—Report of Fifty Cases.* By ALBERT B. STRONG, M.D., Ex-Resident Physician Cook County Hospital, Chicago. Read before the Cook County Medical Society, July 20, 1874.

It is claimed that the pulse of the female fœtus is uniformly much faster than that of the male, and consequently it is possible to determine the sex of the child in utero. According to one observer, there is a difference of fifteen or twenty pulsations per minute. It is also claimed, that the presentation may be accurately diagnosed by noting the point at which the heart-sounds are heard the plainest.

For the purpose particularly of investigating the truth contained in these statements, the following observations were performed upon patients in the Lying-in department of Cook County Hospital of this city.

During the examination, which embraced fifty cases, many interesting facts were elicited which will first be laid before the Society. As the heart-sounds are usually limited to a small space of two or three inches square, the stethoscope will be found to be preferable to the unaided ear.

Aside from the rumbling in the intestines, two distinct sounds may be heard, first, the utero-placental souffle which is synchronous with the maternal pulse. This is a loud, blowing murmur, frequently of a musical character, and is not at all constant, being plainly audible at one moment and absent the next. It differs very materially from the heart-sounds which are independent of the maternal circulation, and is short, sharp, clear and clicking, similar in character to the second sound of the adult heart.

The foetal pulse is subjected to the same variations as that of the adult, only in a much more marked degree. While the child is perfectly quiet, the heart is tolerably uniform in its pulsations; but let it make the least movement and almost instantly the pulse is greatly accelerated, increasing thirty or forty beats in the minute. The cause being removed, it falls as rapidly as it ascended. Though the child be alive, it is said the heart-sounds cannot always be heard. Such cases must be rare, especially in the last month of pregnancy, for we never have failed, after a careful, and in some cases prolonged, examination, in detecting it. Frequently at the commencement of the observation, the souffle has been so intense as to mask all other sounds, but as the momentary excitement of the mother passed off, the heart could be heard. Throughout a natural labor the action of the heart is variable, so much so that in the majority of the cases where the observation was taken at this time alone, the diagnosis proved to be wrong. For the first part of a pain, the pulse is greatly accelerated, but as the uterus contracts more firmly, and the child is subjected to greater pressure, it falls considerably; as the pain passes off, it rises above its natural pulsation, and, if the interval last a few moments, it again falls and becomes regular at a more frequent pulsation than before labor began. As, for example, in one case

the pulse was steady for several days at 124, in the first part of a pain it ran up to 150, at the latter part it sank to 60; in the first part of the interval it increased to 170, and then decreased, and became steady at 134.

From these facts in regard to the variable action of the foetal heart, it is evident that the examination *must be repeated at different intervals and during the time that the child is perfectly quiet*, and that the average result of such examinations, being an approximation to the true state of the pulse, can alone be of possible service in determining the sex of the child. In searching the literature of the subject, which is exceedingly scant, we have been much surprised to see how other observers have arrived at conclusions so radically different from our own.

In an article on Foetal Physical Diagnosis, (published in the *American Practitioner*, of December, 1873,) by Frank C. Wilson, M.D., Visiting Physician to the Louisville City Hospital, the Doctor says he has kept "accurate notes of all the cases met with in hospital and private practice, diagnosing the sex in each, failing only in nine cases out of one hundred and nine." 125 was the average pulse of the males, 143 that of the females, 134 being the average of both sexes, and the dividing line between them. For Dr. Cumming's 41 cases the average pulse of the males was 131; of the females, 145; of both sexes, 136. For our own cases there is not this great difference between the pulse of the male and female, and consequently the ability to predict the sex is far from flattering.

The record as kept at the bedside, is herewith submitted, in order that those who are so disposed may draw their own conclusions. This privilege is denied in the article above alluded to. The weight of most of the children was also taken, under the supposition that there might be some relation between the rapidity of the pulse and the vigor of the child as indicated by this; no connection, however, is found.

For convenience, the uterus was divided by right lines, into four equal parts, designated as the right and left upper, and the right and left lower quarters.

It is said, if the heart pulsates in the lower half of the abdomen, the vertex presents; if in the upper, the breech is the presenting part; and furthermore, that the occiput or coccyx will be on that

side of the median line where the heart-sounds are heard the plainest.

The table alluded to is as follows :

No. of Patient.	Date of Observation.	Pulsation of Heart.	Where Heard.	Date of Delivery.	Presentation.	Position.	Sex.	Weight. lbs.
1	Sept. 18th, 1873	124	Left lower quarter.	Sept. 30th.	Ver.	1st.	M.	
1	2nd stage labor	132	" "	Oct. 1st.	Ver.	1st.	F.	
2	Sept. 26th	128	" "	Oct. 1st.	Ver.	1st.	F.	
3	Sept. 16th	132	Right lower quarter.	Oct. 4th.	Ver.	2d.	F.	
3	Sept. 22nd	140	" "					
3	Oct. 1st	140	" "					
4	Oct. 1st	140	" "	Oct. 1st.	Ver.	2d.	M.	
5	Oct. 11th	128	Left lower quarter.	Oct. 11th.	Ver.	2d.	M.	9
6	Oct. 6th	124	Right lower quarter.	Oct. 11th.	Ver.	1st.	F.	7½
7	Oct. 8th	130	Left lower quarter.	Oct. 16th.	Ver.	1st.	F.	8½
7	1st stage labor	140						
7	2nd stage labor	144						
8	Oct. 9th	154	" "	Oct. 16th.	Ver.	1st.	F.	9
9	2nd stage labor	140	Median line between pubes and umbilicus.	Oct. 25th.	Br.	1st.	M.	5½
		160						
10	Oct. 10th	130	Left lower quarter.	Oct. 30th.	Ver.	1st.	F.	8
10	1st stage labor	142						
11	Oct. 6th	128	Right lower quarter.	Nov. 1st.	Ver.	2d.	F.	8½
11	Oct. 10th	128						
		140						
11	Oct. 27th	120						
11	2nd stage labor	130						
12	Oct. 8th	128	Left lower quarter.	Nov. 1st.	Ver.	2d.	M.	11
12	Oct. 22nd	132						
13	Oct. 31st	124	Median line between pubes and umbilicus.	Oct. 31st.	Ver.	1st.	M.	9
14	Oct. 28th	132	All over abdomen.	Oct. 31st.	Ver.	1st.	M.	8
15	Nov. 4th	122	Left lower quarter.	Nov. 9th.	Ver.	1st.	F.	7½
15	1st stage labor	144						
16	Oct. 20th	134	" "	Nov. 4th.	Ver.	1st.	F.	7
		140						
17	Oct. 20th	145	Left lower quarter.	Nov. 9th.	Ver.	2d.	F.	8
		118						
		140						
17	Oct. 22nd	120						
18	Nov. 10th	132	" "	Nov. 11th.	Ver.	1st.	F.	6
19	Oct. 2nd	140	" "	Nov. 13th.	Ver.	1st.	F.	7½
19	Nov. 6th	134						
20	Nov. 2nd	132	Right lower quarter.	Nov. 13th.	Ver.	2d.	F.	7
21	Oct. 28th	130	Left lower quarter.	Nov. 13th.	Ver.	2d.	M.	7½
21	Nov. 2nd	144						
22	Nov. 16th	130	" "	Nov. 16th.	Ver.	1st.	M.	8½
23	Oct. 31st	122	" "	Nov. 18th.	Ver.	2d.	M.	8
23	Nov. 3rd	132						
24	Oct. 10th	130	Right lower quarter.	Nov. 23rd.	Ver.	2d.	M.	7
24	Oct. 13th	140	Over most all uterine tumor,					
24	Nov. 4th	128	most intense on right side.					
		140						
24	Nov. 15th	126						
		140						
25	Oct. 9th	150	Left lower quarter.	Nov. 25th.	Ver.	1st.	M.	10
25	Oct. 13th	140						
25	Oct. 22nd	140						
25	Nov. 15th	134						

No. of Patient.	Date of Observation.	Pulsation of Heart.	Where Heard.	Date of Delivery.	Presentation.	Position.	Sex.	Weight, lbs.
26	Nov. 10th	124	Left lower quarter.	Nov. 27th.	Ver.	1st.	M.	8½
26	Nov. 23rd	118						
26	Nov. 25th	124						
27	Nov. 25th	150	" "	Nov. 26th.	Ver.	1st.	F.	6
28	Oct. 27th	130	Over two-thirds tumor, most intense in right lower quarter.	Nov. 30th.	Ver.	ad.	M.	9½
28	Nov. 23rd	180 to 180 128 to 140						
29	Nov. 30th	132	Right lower quarter.	Nov. 30th.	Ver.	ad.	F.	7
29	2nd stage labor	146						
29	Nov. 10th	120	Right lower quarter.	Dec. 3rd.	Ver.	ad.	M.	8
30	Nov. 15th	140						
30	Nov. 23rd	140						
31	Nov. 2nd	158	" "	Dec. 5th.	Ver.	ad.	M.	9
31	Nov. 15th	140						
31	Nov. 23rd	148						
32	Oct. 31st	140	Left lower quarter.	Dec. 8th.	Ver.	1st.	M.	8
32	Nov. 18th	140						
33	Nov. 8th	124	" "	Dec. 23rd.	Ver.	1st.	M.	12
33	Nov. 15th	128 to 160						
33	Nov. 23rd	132						
34	Nov. 26th	140	" "	Dec. 25th.	Ver.	1st.	F.	6
34	Dec. 1st	124 to 130						
35	Dec. 28th	140 to 160	" "	Dec. 31st.	Ver.	1st.	F.	7
35	Dec. 30th	130						
36	Dec. 26th	130	" "	Dec. 30th.	Ver.	1st.	F.	9
37	Dec. 31st	150 to 180	Right lower quarter.	Jan. 3rd.	Ver.	ad.	M.	8
38	Dec. 26th	134	All over tumor.	Jan. 11th.	Ver.	1st.	F.	8½
39	Dec. 28th	130	Left lower quarter.	Jan. 7th.	Ver.	1st.	F.	7
39	Dec. 31st	138						
40	Dec. 5th	132	Right lower quarter.	Jan. 9th.	Ver.	ad.	F.	8½
40	Dec. 11th	130						
41	Dec. 11th	132	Left lower quarter.	Jan. 1st.	Ver.	1st.	F.	7
42	Jan. 11th, 1874	126	Right lower quarter.	Jan. 12th.	Ver.	ad.	F.	7
43	Dec. 26th	140	Left lower quarter.	Jan. 13th.	Ver.	1st.	F.	8
43	Dec. 31st	164						
44	Jan. 27th, 1874	170	" "	Jan. 28th.	Ver.	1st.	F.	6½
45	Nov. 23rd	122 to 180	Right lower quarter.	Jan. 16th.	Ver.	ad.	F.	11½
45	Dec. 11th	128						
46	Feb. 8th, 1874	128	" "	Feb. 8th.	Ver.	1st.	M.	
47	Jan. 8th, 1874	150	Left lower quarter.	Feb. 9th.	Ver.	1st.	F.	
48	Jan. 16th	164	" "	Feb. 13th.	Ver.	1st.	M.	
49	Jan. 3rd	130	" "	Feb. 14th.	Ver.	1st.	M.	
50	Jan. 12th	130	Right lower quarter.	Feb. 15th.	Ver.	1st.	M.	

There were 88 examinations made upon these 50 cases, of which there were 23 boys and 27 girls. The lowest pulse was 118; it occurred only twice—once each in the case of a girl and boy. The highest was 180, occurring three times, two of the cases being boys, the other a girl. The average pulse of the males was

136.3; of the females, 137; of both sexes, 136.7. At 136, then, as the dividing line between the sexes—the pulse of this number and below being considered as belonging to boys, and above it to girls—the diagnosis was correct in 26 cases and wrong in 24. Again, leaving out of consideration those examinations where the foetus was found to be active, the average pulse of the males was 133.6; of the females, 136.2; of both sexes, 134.9. Then, with 134 as the dividing line, the diagnosis was correct in 24 cases and wrong in 22. Again, with 128 as the dividing line, the diagnosis was correct in 28 cases and wrong in 22. There were six girls whose pulse was steady below 128. Five boys had a steady pulse between 128 and 138; three between 138 and 148; two between 148 and 158; and one between 158 and 168. So far as the facts elicited from the entire number of cases are of any value, it is too evident that they have utterly failed to determine the sex in utero. Dr. W. admits the necessity of repeated examination in each case, but says many of his observations were taken but once. Possibly if we had availed ourselves of this repeated examination to a greater extent the result might have been different.

In regard to diagnosing the presentation, we can report more favorably, being correct in 49 out of the 50 cases. The case of failure was one where the breech was the presenting part, but the examination was not made till the second stage of labor. The position, so far as being to the right or left of the median line is concerned, was correct in 38 and wrong in 8 cases. Of the four remaining cases, the heart-sounds were heard all over the uterine tumor in two of them, both being vertex presentations, with the occiput to the left; in the other two cases, the heart-sounds were the plainest on the median line between the pubes and umbilicus, one being a vertex presentation, with the occiput to the left, and the other a breech.

In conclusion, it would seem that an opinion in regard to the sex of the child, founded on the action of the foetal pulse, is of little more value than a guess, while the presentation may accurately be diagnosed, as possibly likewise the exact position.

312 WEST INDIANA STREET.

ARTICLE VI.—*Record of Observations in Fifty Obstetrical Cases, with a View of Determining Sex in Utero.* By D. A. K. STEELE, M.D., Resident Physician Cook County Hospital.

The interesting fact, that in a certain proportion of cases we may determine with some degree of accuracy the sex of the child in utero by auscultating the foetal heart, has long been established. Some writers have been very enthusiastic in defense of their observations. One author asserts that out of one hundred and nine cases he was correct in one hundred, while Frankenhauser gravely asserts (in the *British Med. Journal*, Aug. 16, 1873) that in fifty cases which he examined, in every instance his diagnosis was correct. Other writers, perhaps more conscientious or less careful, have declared that their observations have been comparatively worthless.

Noticing the disparity between statements of different writers on this subject, on the 1st of February, 1874, I determined to make a series of observations with a view of ascertaining in what per cent. of cases our predictions would be verified. Since that time I have kept a careful record of fifty cases, the result of which I give herewith, for convenience, in a tabulated form, giving all the facts of interest as concisely as possible, without wearying the reader with a detailed statement, under the following heads:

1st, Nationality of Mother; 2nd, Age of Mother; 3rd, Duration of Labor; 4th, Weight of Child; 5th, Sex of Child; 6th, Record of Foetal Heart.

Multipara, 13 cases; Primipara, 37 cases; total, 50.

NATIONALITY OF MOTHER.

United States, .....	16	Norway, .....	4
Sweden, .....	9	Denmark, .....	1
Ireland, .....	7	Switzerland, .....	1
Germany, .....	6	Foreign, 68 per cent.	
England, .....	6	Native, 32 per cent.	

AGE OF MOTHER.

February, {	Maximum, 37 years,	} Average, 25 years.
	Minimum, 18 "	
March, {	Maximum, 37 years,	} Average, 25 years.
	Minimum, 17 "	
April, {	Maximum, 40 years,	} Average, 24 years.
	Minimum, 17 "	
May, {	Maximum, 25 years,	} Average, 21 years.
	Minimum, 17 "	
June, {	Maximum, 32 years,	} Average, 27 years.
	Minimum, 24 "	
Grand Total, {	Maximum, 40 years,	} Average, 24 years.
	Minimum, 16 "	



## DURATION OF LABOR.

February,	{ Maximum, 20 hours,	{ Average, 13 hours.
	{ Minimum, 3 "	
March,	{ Maximum, 18 hours,	{ Average, 11 hours.
	{ Minimum, 4 "	
April,	{ Maximum, 36 hours,	{ Average, 13 hours.
	{ Minimum, 6 "	
May,	{ Maximum, 36 hours,	{ Average, 11 hours.
	{ Minimum, 1 "	
June,	{ Maximum, 24 hours,	{ Average, 13 hours.
	{ Minimum, 8 "	
Grand Total,	{ Maximum, 36 hours,	{ Average, 12 hours.
	{ Minimum, 1 "	

## WEIGHT OF CHILDREN.

February,	{ Maximum, 10 lbs.	{ Average, 8½ lbs.
	{ Minimum, 6 "	
March,	{ Maximum, 10 lbs.	{ Average, 8½ lbs.
	{ Minimum, 8 "	
April,	{ Maximum, 10 lbs.	{ Average, 8 lbs.
	{ Minimum, 6 "	
May,	{ Maximum, 11½ lbs.	{ Average, 8 lbs.
	{ Minimum, 4 "	
June,	{ Maximum, 9½ lbs.	{ Average, 8 lbs.
	{ Minimum, 5½ "	
Grand Total,	{ Maximum, 11½ lbs.	{ Average, 8 1-5 lbs.
	{ Minimum, 4 "	

## SEX OF CHILDREN.

Children born in February—Male, 5, Female, 3; total, 8.  
 Children born in March—Male, 10, Female, 3; total, 13.  
 Children born in April—Male, 8, Female, 5; total, 13.  
 Children born in May—Male, 8, Female, 2; total, 10.  
 Children born in June—Male, 4; Female, 2; total, 6.  
 Grand Total—50; Male, 35; Female, 15.

## RECORD OF FETAL HEART.

February,	{ Average Male Foetal Heart, 138	{ Average, 137½.
	{ Average Female Foetal Heart, 137	
March,	{ Average Male Foetal Heart, 128	{ Average, 133½.
	{ Average Female Foetal Heart, 139	
April,	{ Average Male Foetal Heart, 131	{ Average, 135½.
	{ Average Female Foetal Heart, 140	
May,	{ Average Male Foetal Heart, 127	{ Average, 126.
	{ Average Female Foetal Heart, 125	
June,	{ Average Male Foetal Heart, 123	{ Average, 126½.
	{ Average Female Foetal Heart, 130	
Grand Total,	{ Average Male Foetal Heart, 129	{ Average, 132.
	{ Average Female Foetal Heart, 136	

## PREDICTIONS.

Male Foetal Heart, 35.	{ Correct, 24.
	{ Doubtful, 4.
	{ Wrong, 7.
Female Foetal Heart, 15.	{ Correct, 8.
	{ Doubtful, 3.
	{ Wrong, 4.

From these observations we deduce the following facts :

*First.* In the majority of cases *male* foetal hearts are slower than *female*.

*Second.* 132 foetal pulsations per minute is the average dividing line. Below this,  $68\frac{1}{4}$  per cent. are male; 20 per cent. female;  $11\frac{3}{4}$  per cent. doubtful. Above this,  $53\frac{1}{4}$  per cent. are female;  $26\frac{3}{8}$  per cent. male; 20 per cent. doubtful.

We may notice in this another demonstration of the fickleness of the female heart.

*Third.* The most accurate observations are made during the last four weeks of gestation.

*Fourth.* The rapidity of the heart's action is increased in proportion to feebleness of the foetus.

*Fifth.* Calcareous or fatty degeneration of the placenta renders the pulsations feeble and irregular.

*Sixth.* In some cases it would be possible to diagnose diseased conditions of the placenta from careful observation of the foetal heart.

The sounds of the foetal heart may be rendered feeble by thick abdominal walls, tense abdominal muscles, or the presence of a large quantity of amniotic fluid.

The attachment of the placenta may be determined by the souffle, a soft blowing murmur, synchronous with the maternal heart.

The weight of the child does not increase the force of the foetal heart. During labor the foetal heart becomes accelerated and irregular in its action. The most accurate diagnosis was the result of repeated observations, as the foetal heart might be accelerated in its action by temporary excitement during a single examination.

The observations were conducted by means of an ordinary Cammana's stethoscope, and my experience has been, that a better sound is heard when the bell of the instrument is moistened and applied to the abdomen without pressure, as the peculiar thrill of the foetal circulation is lost when the stethoscope is grasped by the fingers.

For convenience I divided the abdomen into four segments, by means of rectangular lines crossing at the centre of the uterus. These I designated as the right and left, upper and lower quarters.

In the 50 cases recorded above, the foetal heart was heard most distinctly—in 30 cases in left lower quarter; in 12 cases in right lower quarter; in 5 cases in left upper quarter; and in 3 cases in right upper quarter. And it is proper to add, that the last three cases were all breech presentations; all the others being vertex. Forty-one were in the first position, and six in the third.

If the foetal heart is heard most distinctly above the transverse line, the presentation is most likely breech. If below, almost cer-

tainly vertex. Much valuable information can be gained by inspection and palpation in determining the position of the foetus, and we should not rely entirely on auscultation.

I am indebted to my friend Dr. Strong for many valuable suggestions as to the best method of conducting these observations.

## Progress in Medical Sciences.

ARTICLE I.—*Progress of Syphilology.* By JAMES NEVINS HYDE, M.D., Lecturer on Dermatology and Syphilis, Rush Medical College, Chicago.

1. Triple Ocular Paralysis of Syphilitic Origin. ALFRED FOURNIER. (*Annales de Dermatologie et de Syphiligraphie*, T. 5, No. 3.)

2. Parasitic Balano-Prostheitis in Diabetes Mellitus. DE BEAUVAIS. (*La Gazette Medicale de Paris*, No. 18.)

3. On Tertiary Syphilis. ALFRED FOURNIER. (*La France Medicale*, Nos. 41 and 44.)

4. The Effect of Menstruation upon Cutaneous Disorders. DANLAS. (*La Gazette des Hopitaux*, No. 55.)

5. Osseous Lesions in Infantile Syphilis. PONCET. (*Le Progres Medical*, No. 17.)

6. The Archives of Dermatology. L. DUNCAN BULKLEY, M.D.

1. Marie S—, twenty-two years old, of lymphatic temperament, presented herself at the Lourcine Hospital, in June, 1873. She possessed naturally a strong constitution, and had enjoyed previous good health.

She was found to be affected with divers ocular paralyses, about to be described, which had produced a facial expression of remarkable character.

She stated, in response to questions regarding her antecedent history, that she had contracted syphilis four years prior to the date of her examination. At that time she had been admitted to the Lourcine Hospital for various syphilitic lesions, and notably for "a roseola which covered the surface of the body, and mucous patches of the vulva." Some months later, an extensive alopecia occurred. She had, further, been affected at different times with severe attacks of sore throat and ulcerations of the buccal cavity, requiring several cauterizations. Finally, three years ago, she was prematurely delivered of a dead foetus. Specific treatment had never been pursued, neither in nor out of the hospital. She affirmed that she had never taken either mercury or the iodide of potassium. The only remedies which she acknowledged having employed were "tonic powders."

She believed that she was relieved of the disease, since for two or three previous years no indications of it had existed, when, four months ago, she was seized with severe attacks of headache, coming on at night, and especially during the latter half of the night. Toward four o'clock in the morning, these pains became intolerable, and precluded the possibility of sleep. For about one month they continued with unabated intensity, but diminished, later, without the intervention of treatment.

From this date the patient began to be conscious of another phenomenon, slight at first, but soon aggravated. Occasionally she was annoyed by double vision, which resulted finally in habitual diplopia. To gain an exact idea of the number and situation of objects, she was under the necessity of closing the left eye with the hand, and of using the right eye only for purposes of vision.

In a short time the upper lid of the right side began to droop, and this prolapse increased until the globe was permanently half concealed by the lid.

The disorder of the eyes increased finally to that point, when the patient was compelled to seek medical advice. She consulted M. Desmarres, who recognized the syphilitic character of the paralysis, and ordered some mercurial pills, and a solution of the iodide of potassium. This treatment she discontinued after perseverance in it for a few days, since the headache disappeared, and she thought that a spontaneous cure of the ocular disease would follow. In this she was mistaken, and hence determined to return to the *Lourcine*.

We first saw the patient in June of 1873. At that time the following conditions were established :

(1.) On the right side, *evident paralysis of the third pair*. This paralysis was declared by its normal symptoms, viz. : (a.) Drooping of the upper lid; this drooping, partial, since the eye was not completely, but only about two-thirds, covered; and complete abolition of the power of voluntary elevation of the lid. When the patient desired to employ the right eye in vision, it was necessary for her to raise its upper lid by the finger. When the lid was raised by the hand of another, no spasmodic resistance was encountered, and the removal of the finger was followed by the passive return of the lid to its former situation. (b.) Fixation of the ocular globe; cornea and pupil in median line; and almost complete loss of power to turn the eye upward, downward, or inward. (c.) Marked dilatation of the pupil. Vision was, however, unimpaired. There was no injection of the eye, nor cloudiness of the transparent media.

(2.) On the same side (the right) there was paralysis of the sixth pair; absolute abolition of all power to turn the ocular globe outward.

(3.) On the left side the phenomena were different. Here there

was neither ptosis nor pupillary dilatation, and the visual power was unimpaired. The eye perfectly executed all normal movements upward, downward and inward; but there was slight convergent strabismus. The power to turn the eye outward was, however, completely lost. There was then, on this side, paralysis of the sixth pair.

Her general health was fair; her skin free from eruption; there were no lesions of the vulva nor of other mucous surfaces; no adenopathy existed. The headache had been relieved, but the patient was occasionally subject to vertigo, migraine, and dizziness, attributed to the weakness induced by the ocular disease. There were some wandering pains in the right arm and shoulder of the same side.

The following treatment was ordered: Daily frictions, with one drachm of strong mercurial ointment; gargles of the chlorate of potash, to preclude or moderate ptyalism; three teaspoonsful of syrup of iodide of potassium (gr. iv ad. dr. j), and sulphur baths.\*

\* The mode of administering mercury, here recommended by Dr. Fournier, is worthy of note. Mr. Jonathan Hutchinson, in a paper read before the Hunterian Society, on the 8th of January, takes occasion to observe, that "the inunction method is safe and very efficient, but it is dirty and inconvenient, and probably nothing can be said in its favor which may not be alleged with greater force of the vapor bath." He adds, however, that Drs. Diemer, Wetzlar, Brandis, and Ziemssen, of Aix-la-Chapelle, believe inunction to be the preferable method.

Whether it be due to the fact that syphilis manifests itself largely upon the integumentary structures, or to the circumstance that the disease gains access to the system by a superficial lesion, certain it is that treatment by external applications early recommended itself to the profession. Subsequently little importance was assigned to the subject, from the circumstance that eminent syphilographers neglected to put forward its real value. But it is clear that there is a distinct reaction in the minds of medical men in favor of a return to treatment by the skin, and especially to the inunction of mercury. Prof. Lewins' hypodermic injections of corrosive sublimate, now extensively employed upon the Continent, and the increasing use of the oleates of mercury externally, indicate the direction of this current of opinion. I think it proper to take exception to the remarks quoted above from Mr. Hutchinson. A friend recently informed me that the patients in the venereal wards of the Vienna Hospitals were daily ranged into a long line, and each individual assiduously engaged himself in rubbing mercurial ointment into the loins of that one in the line immediately in front of him, under the direction of the hospital staff. Fournier himself deserves the credit of having, by his recent writings, called the attention of the profession to the real merits of this mode of treatment.

As to the comparison instituted between inunction and vaporization, it may be remarked, in favor of the former: 1st, that it can be accomplished by the individual unassisted by attendants; 2d, that it dispenses with elaborate and expensive apparatus; 3rd, that, when properly performed, the metal is made to penetrate the orifices of the emunctories of the skin—probably the sole avenue of ingress—and thus gains access to the sub-epidermic tissues; while it is admitted that the vapor merely deposits an exceedingly delicate stratum upon the superficies of the skin, with the exception of the rare instances where it is allowed to enter the respiratory passages; 4th, that the baths advised by Fournier do away with the objections on the ground of cleanliness, though it is in many instances, without

June 17. The treatment has been rigorously pursued. There has been some amelioration of symptoms, notably of the paralysis of the third pair on the right side. The treatment was continued, the amount of ointment used at each inunction being increased to two and one-half drachms.

June 24. Great improvement. The left eye could be turned outward almost to the external commissure. On the right, the lateral movements of the ocular globe were almost normal, from one commissure to the other, and the downward movements were in a similar degree restored. The eye could not, however, be turned completely upward, though this could be effected to a greater extent than was possible during the last few days. The pupil was still dilated, but the ptosis was so far diminished that at least one-half of the ocular globe could be unveiled. The diplopia, however, persisted. The treatment was continued, and the syrup progressively increased to four, five and six teaspoonsful daily.

July 1. The improvement continued, but was less noticeable than at the last date. The patient had discontinued the inunction because she had heard that "mercury was injurious to the teeth." Her mouth, gums and teeth were nevertheless free from any mercurial effects, and the treatment was consequently resumed.

July 8. The outward movement of the left eye was comparatively restored. Three-fourths of the right were exposed beneath the lid, and movements in every direction were executed with great facility, though the pupil remained dilated.† The general condition of the patient was at this time exceedingly satisfactory. Since the inauguration of the treatment she had gained considerably in flesh, a circumstance which she herself was the first to note, and which she said had also been remarked by her acquaintances. Her appetite, stimulated possibly by the iodide, was excellent. No stomatitis had occurred. Treatment: Six teaspoonsful of the syrup, inunction with four drachms of mercurial ointment, gargle of chlorate of potash, and sulphur baths.

doubt, preferable to order that the underclothing of flannel should be worn unchanged night and day during the persistence of treatment.

† The order displayed in this restoration of function suggests the following observation: A patient recently consulted the writer, whose first symptom of constitutional syphilis was the early form of iritis. Prior to infection there had been aggravated ophthalmia of the same eye, resulting from rubeola. This would seem to explain the selection of that organ for the evolution of the first one of the so-called secondary symptoms. The question arose: Would impairment of function in the nerves supplying any portion of the body determine to that part the manifestations of syphilis? Curiously enough, the question was soon answered by a male patient, who presented himself with long-standing paralysis and marked emaciation of the left lower extremity—sensation being unimpaired. He had recently contracted syphilis, and exhibited blotches over the surface of the body, the left leg alone remaining free from indications of the disease.



July 15. The treatment had been regularly pursued. The lid of the right eye was completely replaced; both eyes accomplished all normal movements, and the patient considered herself cured. The pupil, however, remained slightly dilated, and an ephemeral diplopia was still developed by certain movements of the eye-ball.

From this time we lost sight of the patient, till January 21, 1874, when she was induced to return, in order to consult us respecting a new ailment. She then exhibited a gummy tumor of the right leg, of four months' duration, which had not been submitted to treatment.

At this date the contents of the gummy tumor had been evacuated, and there resulted an excavated ulcer, as large as a silver quarter of a dollar, with clean-cut edges, a yellowish base, presenting still some traces of granulations where degeneration of the syphiloma had occurred, and a deep brown areola. The patient declared that the disorder of the eyes was completely relieved, and there was no evidence to contradict this statement. It was clear, on examination, that the once paralyzed muscles could execute their physiological movements. The pupil was no longer dilated, and the diplopia had disappeared.†

The recurrence of syphilitic manifestations after an energetic treatment pursued for several weeks, is not surprising, since the disease develops itself in this manner with great frequency. Its career is but temporarily checked by the intervention of specific remedies, and, after brief pauses, is apt to display renewed activity. In order to gain a complete mastery over it, not only in the present, but in the future—in order to completely extinguish the diathesis—it is necessary, as I have elsewhere remarked (see No. 3 of this *Report of Progress*), to resort to multiplied and repeated courses of treatment. "Long, indeed, should be that antisyphilitic medication, from which are to be obtained not only those results which are evident, but those which directly influence the diathesis. A chronic disorder requires a chronic treatment—this is the rule. A syphilitic dyscrasia is neither modified, corrected nor annulled by any other than a long medication—a pro-

† Dr. W. H. Broadbent, in the first of his valuable lectures upon Syphilitic Affections of the Nervous System, recently published in the *Lancet*, remarks as follows:

"The twofold fact, that the third nerve is the most frequently affected and often the only one paralyzed, and, again, that portions of the nerve may suffer before the others, is explained by the habit of syphilitic exudation, of which the interpeduncular space at the base of the brain, traversed by the third nerve on its way to the cavernous sinus, is the favorite seat; and it is conclusive evidence that the paralysis is not due to periostitis at the orifice of exit. The nerve also has been found compressed by a gummatous tumor of the sella turcica of the sphenoid bone. \* \* \* \* \* Paralysis of the sixth, the evidence of which is internal strabismus, is, perhaps, next in frequency."



cess of depuration, greatly extended and oft-repeated—in brief, by a chronic treatment.” In the present case, the production of the syphiloma, consecutive to that of the ocular lesions described, is a fact in perfect accordance with our usual and daily experience. It simply testifies to the existing intensity of the disease, which it is important to control by a prolonged and energetic treatment.

But the interest attaching to the case reported does not lie solely in this fact. It is to be found in the *multiplicity of the paralytic symptoms* presented by the patient. Three nerves were involved—the third and sixth pairs of the right side, and the sixth pair of the left. That these three nerves were affected by syphilis, is evident from the mode of evolution of the disease, and the success of the specific remedies employed.

Now this *association of several forms of paralysis* is worthy of note. It is of more frequent occurrence in syphilis than in any other disease, as I have had occasion to demonstrate in numerous instances. It has, then, in a diagnostic point of view, a special significance. It is to this fact that the details given above testify, and I have here limited myself to the mere statement of the case, reserving for a special paper the considerations which it seems to me to suggest.

2. Gubler was the first to establish the fact, that saccharine urine, lodged in the præputial sac, undergoes lactic or acetic fermentation, in consequence of the presence of mucedinous spores in the secretions of the mucous membranes. Genuine balano-prostheitis is apt to result, accompanied by itching and tingling sensations, and sometimes producing a phymosis, for which the patient consults his physician. It is at this point that M. de Beauvais finds a fact of great clinical value.

If the causative relation of these two disorders be ignored, and no suspicion of the urinary disease exists in the mind of the practitioner, after trying in vain a purely medical treatment, he may advise surgical interference. Now this operation, like many others, is liable to serious complications in the case of diabetic patients, and the author cites cases of gangrene of the penis and scrotum, resulting from surgical procedures under these conditions.

It is evidently of great importance to determine the nature of the balano-prostheitis. Microscopic examination of the pus or muco-pus found in the præputial cul-de-sac, will, of course, disclose the presence or absence of the mucedinous spores, which are the sole causes of the disease. In the first event, diabetes mellitus should be sought for, and the urine analyzed. If sugar be discovered, all operative interference should be discouraged for the relief of phymosis, and topical treatment of the balano-prostheitis be conjoined with that general treatment appropriate to this constitutional disease.

It should be added that the species of irritation of the sexual organs, described above, is not peculiar to the male sex, but is found also in diabetic females. The same process of fermentation, discovered in the præputial cul-de-sac, here occurs in the vestibule of the vulva, and, extending to contiguous parts, produces an irresistible pruritus. The muco-cutaneous site of the lesion, and its illy-defined borders, taken in connection with some thickening and moderate desquamation of the derma, render the diagnosis clear. Here, also, the analysis of the urine and the microscopy of the vulvar secretion are essential to the recognition of the cause.

3. Tertiary syphilis comprises that group of syphilitic manifestations which occur after long periods succeeding contamination. The disease, in its tertiary periods, tends to a spontaneous disappearance; while, in some subjects, it brings about a fatal termination. The reason for this difference in its issues is to be found either in the disease itself, or in the character of the soil in which it is planted, or in the insufficiency of treatment.

(a.) To say that we find benign, virulent, grave and inveterate forms of syphilis, is to offer no explanation founded upon the nature of the disease. It is simply stating a fact. It is often true that the disease which is benign in its early periods, is brought to a conclusion in the tertiary stage.

(b.) The conditions pertaining to the individual who is the subject of syphilis, are important. These may be: Native or acquired constitutional feebleness, lymphatic temperament, anæmia, scrofula, old age, alcoholism, and the general causes of depression. Yet, however real these influences may be, they are not necessarily effective. Not unfrequently we encounter individuals affected with tertiary syphilis, whose conditions are exactly opposed to those described.

(c.) The true reason for the extension of syphilis to the tertiary stage, is the absence or insufficiency of treatment. Neglected syphilis, whatever may be said by authors to the contrary, is, in the majority of cases, certain to assume tertiary phases; and daily experience teaches us that expectant treatment, when employed in the disease under discussion, is sure to be followed by disastrous results.

*Chronology.* Three points of interest are here to be noted: the mode of transition from secondary to tertiary types; the epoch of the appearance of the first manifestations of tertiary syphilis; and the duration of the latter period.

As to the first, it is, of course, impossible to establish a fixed mathematical limit between the two stages. This is proven by the fact that such lesions as pustulo-crustaceous syphilides, rupia, ecthyma and sarcocoele, can be indifferently ranged in either

group. It is to these transitional forms that such names as secundo-tertiary, transitional, etc., have been applied.

Secondary symptoms are transformed into those of a tertiary type in one or the other of the following methods. First: Contemporaneous incidence of the two periods. In these cases a patient presents simultaneously a cutaneous syphilide and a syphiloma—this is common, but not in accordance with the rule. Or, second, (and much more frequently) there is a more or less complete and more or less prolonged cessation of syphilitic phenomena between the two stages of the disease.

The date of the onset of tertiary forms is very variable. Numerous conditions can defer this explosion, and among them none is more effective than prolonged and energetic treatment. Oftener, tertiary syphilis is not developed before the second or third year, and still more often before the third.

As to the limits of the tertiary period, we know that they may be very much restricted and long deferred. Ten, twenty, thirty years have elapsed after the appearance of the primary lesion, before tertiary syphilis has been developed, and in some rare instances forty, forty-two and forty-five. In one instance, M. Fournier treated a patient seventy-two years old, who had caries of the inferior maxilla and a gummy tumor of the thigh, respectively fifty-two and fifty-five years after the existence of chancre.

*General characters of the tertiary stage.* In general, we discover a condition of apparent health, interrupted, at indeterminate intervals, by various morbid explosions of a special character. Beyond certain exceptional cases, the man affected with tertiary syphilis is in fair health, but under the influence of a morbid yet dormant ferment, whose dangerous portents are often as inappreciable by himself as by his physician.

Secondary accidents have the following distinct features:—a determinate onset, preceded a few weeks by chancre; a group of pathological symptoms, succeeding each other at comparatively short intervals, and limited to a certain period; and a settled termination at the end of two or three years, after which these phenomena are not established.

Tertiary accidents are quite different. They may appear after two or forty years. When numerous, they are not associated, and may be separated by long intervals. They are unlimited as to time; it is impossible to fix a date beyond which they shall not be declared. More precisely, they have the four following distinguishing features:

- (a.) Tertiary manifestations are discrete, isolated and solitary.
- (b.) These manifestations are insidious in their approach, slow of development, and often latent as regards their evolution.
- (c.) They involve the parenchyma of tissues. While secondary accidents are superficial and injure the tissues but slightly,

those of a tertiary type have a profound effect. Ulceration, disorganization, mutilation and atrophy follow in their track. The prognosis of the one form is favorable; of the other, serious. In the latter case some of the symptoms are common in non-specific disorders. Syphilitic laryngeal phthisis, for example, does not differ greatly from that of tuberculous origin—the gummy tumor produces a paralysis not different from any other, when it impinges upon a nerve—*vomicæ* resulting from ulcerated syphilomata resemble ordinary pulmonary excavations. Syphilis in its old age, loses the imprint of a venereal affection;—according to the phrase of Ricord, it “assumes a virtuous expression.”

(*d.*) Tertiary manifestations are, with certain rare exceptions, amenable to treatment.

Syphilis invades the entire domain of the body in its tertiary forms; and in spite of the multiform character of the lesions of the latter, we can recognize in them but two distinct pathological processes—the sclerotic and the gummy.

As regards diagnosis, we must look first to the peculiar character of the lesion; second, to the coexistence of specific phenomena; and, third, to specific antecedents. But, *per contra*, there are few lesions of tertiary syphilis which exhibit a pathognomonic symptomatology, and in general these lesions are isolated and unaccompanied by other indications of disease which would make the diagnosis facile and sure. In addition to all this, syphilitic antecedents, especially in women, are often forgotten, misunderstood or concealed; while the long interval which is apt to occur between early and late manifestations, constitutes a source of error. The situation, moral character and social positions of patients, is not without influence upon the mind of a practitioner.

*Prognosis and Treatment.* The two are intimately associated—the former, always serious, often grave, and, more often than is generally believed, fatal. Due weight should be given to the seat, extent and stage of the disease, as well as to the condition of the patient. “Pox once recognized, is half cured,” is a common saying, and never more true than in tertiary syphilis, which is more amenable to specific treatment than either primary or secondary disease.

The iodide of potassium is marvellous, incomparable, in its effects; but even in combination with mercury, is not infallible. If the intervention of the remedy be too late, or if, as in cerebral syphilis, morbid processes of non-specific character are induced by the syphiloma, rebellious syphilis results. Some cases are altogether beyond the reach of therapeutics—they are always in curing and never cured. A fatal evolution of the disorder occurs, and lesion after lesion is produced in spite of all the remedies employed.

Syphilis, is, in general, not as formidable in our eyes as it is in

reality. Every syphilitic is not curable, as many suppose, because he is syphilitic. They who are most familiar with the scourge, entertain the greatest dread of it. If then, in conclusion, syphilis exposes its victims to the gravest danger in the distant future—a danger whose consequences we are but too often powerless to avert—it is of the greatest consequence that it be combatted *ab ovo*.

Prevention is of much more ready accomplishment than cure. All treatment therefore should be instituted at the debut of the diathesis. In treating a case of incipient or recent syphilis, the result to be attained by the physician is the elimination of the possibility of the future occurrence of tertiary disease. The ideal to be kept in view is the extinguishing of the diathesis, as a safeguard for the future; and, to secure this end, immediate, energetic and prolonged treatment is requisite.

4. There is a manifest sympathy between the uterus, ovaries and integumentary system. This sympathy declares itself either in the form of eruptions whose appearance coincides with menstrual epochs, or in the development of uterine derangements, or in the disappearance of morbid cutaneous phenomena at the arrival of puberty, or after the relief of dysmenorrhœa. In explanation of this, it may be said that the affections of the skin present a striking analogy to diseases of the nervous system,—some of them exhibiting a hyperæsthesia (herpes)—some, a neuralgic condition (zona)—some others an anæsthesia (lepra); while it may be remarked that of all the systems of the human economy, the nervous is that which is the first to reflect disorders of the womb (hysteria.) We are thus enabled to appreciate the fact that cutaneous diseases connected with menstruation or any of its derangements, are in fact reflex neuroses. It should be added, that this sympathy is not evident in the case of all patients, and that in comparatively few, is it established in a high degree.

5. Poncet reports to the Anatomical Society the result of his observations of the bodies of newly born infants, affected with syphilis. Of the twelve cases reported, some presented evident external symptoms of the disease, and the others in every instance were born of parents—father or mother—equally affected. It would appear from these examinations that alteration of the osseous tissue in newly born syphilitic children, is the most frequent of all the symptoms of infantile syphilis, occupying, in fact, the same rank with the mucous patch of the adult.

It should be added, by way of parenthesis, that this observer has concluded that the changes noticeable in the dental enamel, are to be attributed to the maceration of the fœtus in the amniotic liquid; since he has not only discovered this condition in the bodies of non-syphilitic infants, but has also produced the same,

artificially, by macerating the maxillæ and teeth of dead-born infants for several days in the same fluid.

We have space merely for the following table, which summarizes the observations referred to :

No. of Case.	Parental Syphilis.	History of Parents.	Age of Child.	External Symptoms.	Lesions of Osseous Tissue.
1	Unknown.	Unknown.	3 wks.	Mucous patches of anus and labial commissures.	Slightly marked alteration of bones.
2	Unknown.	Unknown.	1 mo.	Coryza.	Pus in right elbow and both hip joints, from arthritis of soft parts. Articular surfaces sound. Central alterations of all osseous tissue.
3	Abortion at 6½ months.	Two previous abortions at three and four mos. No evident syphilis.	Dead born.		Special lesions of bones.
4	No signs of syphilis in mother.	Mother had been mistress of several syphilitic patients.	3 mos.	Eczematous eruption.	Bones easily fractured. Slightly marked rachitis
5	Mother: mucous patches of throat & vulva	Untreated secondary syphilis appeared 3 months before.	Dead born.		Characteristic alteration
6	Mother : after confinement, no appearance of syphilis.	In hospital ten years before for mucous patches; 17 months before, same hospital, syphilitic treatment.	3 d'ys		Sound tissue.
7	Mucous patches of vulva.	Secondary syphilis, untreated; 2 mos. after conception.	Dead born.		Special lesions.
8	Mother, non-syphilitic.	Father, aged 21, had chancre at 15 years. No treatment.	Only 3 or 4 respirations	Large bullæ of pemphigus. Papules on dorsum and venter.	Epiphyses of long bones all mobile, separated and held only by periosteum. Pus beneath the latter in left femur; radius and humerus of both superior extremities.
9	Abortion at 6½ months.	Secondary syphilis appeared one month after conception.	Dead born.		All epiphyses of long bones separable and moderately mobile.
10	Mucous patches of throat.	7 months pregnancy.	3 d'ys		Sound tissue.
11	Non-syphilitic mother.		12 d's	Papular eruption.	Special lesions.
12	Mother treated in hospital for secondary syphilis.		6 mos.		Evident rachitis.

6. On the 1st of October next, it is expected that the *Archives of Dermatology* will appear, from the press of G. P. Putnam's Sons, under the editorial management of Dr. L. Duncan Bulkley. This Journal will be issued quarterly, under the auspices of the New York Dermatological Society, and will be devoted to Diseases of the Skin and allied affections. It is designed to represent particularly the American School of Dermatology, while an epitome of the current literature of this subject in our own and foreign countries, will be published in each number.

The pages will be arranged under the following heads: 1, Original Articles; 2, Transactions of the New York Dermatological Society, including papers, cases and discussions; 3, Clinical Reports; 4, Extracts and Translations from other Journals; 5, Digest of Dermatological Literature; 6, Reviews and Book Notices; 7, Correspondence, and Miscellaneous Matter. Suitable illustrations will be inserted as required, and special attention will be given to photography and microscopy.

We take pleasure in making an announcement of this character, and are desirous of giving a welcome in advance to the project of our co-laborers. They enlist our sympathies in the mere announcement of their design. We have looked for the work of our American Dermatologists in those pages of the *American Journal of Syphilography and Dermatology* which are consecrated to original communications, and we have looked in vain. We find there, translations of foreign articles, which are already in our hands in the journals which first produced them—translations which, while they are often defective and poorly executed, yet, in the main, possess an excellence which renders them valuable to the general student of this species of literature.

We look to the *Archives of Dermatology* to give expression to the opinions and work of the American School of authors—of whom we have every reason to be proud—and wish it may meet with that success which it will be agreed that it deserves.

---

### Reports of Societies.

**Chicago Society of Physicians and Surgeons.** *Transactions at Regular Meeting, Monday, July 27, 1874. Reported by RALPH E. STARKWEATHER, M.D.*

The Society met, as usual, in one of the parlors of the Grand Pacific Hotel, Dr. J. E. Owens, Vice-President, in the chair. After requesting Dr. H. A. Johnson to take the chair, Dr. Owens read a paper upon Thermometers, of which the following is a summary:



The experiments and observations had extended, at intervals, through three months, as many as fifty-five self-registering fever thermometers having been examined and tested. In view of the constant necessity for the use of this instrument at the bedside, the profession ought to know the character and worth of the fever thermometers offered for sale. Contrary to the popular supposition, these experiments have shown that the thermometer is not an unerring measure of temperature, unless proper care be exercised in selecting the thermometer. A large number, offered for sale in the shops, do not register correctly.

Every thermometer should be compared with a test instrument, one in all respects standard and reliable.

The indices having been shaken to the same level, approximately, each lot was tested in warm water. In one lot of instruments examined, it was found that no two registered alike; in another lot the errors were from three-fourths to one and one-half degrees Fah. Each instrument remained beneath the tongue four minutes in this trial. In a fourth collection, the index of one thermometer could not be moved, while that of another had been lost in the mercury below, and could not be disengaged; while no two gave the same registration, comparing them with a test thermometer made by Beck, of London, of ascertained reliability and accuracy. In a sixth lot of eleven, only one registered correctly.

The instruments above spoken of were mostly of American manufacture, not marked by their makers' names, and almost entirely unreliable. They are unworthy the patronage of the profession.

The English thermometers, made by Maw, Son, Thompson, and Lynch & Co., being tested, varied only by one-fifth of a degree, and are more worthy of confidence. All instruments that are not known to be correct should be tested with a Casella thermometer. Mr. E. H. Sargent, of this city, a prominent dealer in instruments, has allowed the use of the English thermometers, above spoken of.

Dr. Johnson—In regard to the index of a thermometer, I have long been satisfied that some thermometers will not always register the same in the same conditions of location and temperature. The mercury bubble adheres to the side of the tube and does not flow readily. Sometimes it goes up with a jump, and beyond its true level. There ought not to be a variation of even the one-half of a degree. Select an instrument in which the index will move readily; the more easily it does so, the more reliable it will be. If the index moves by starts, fitfully, it should be rejected.

Dr. Hyde, the Secretary, exhibited a cornu, removed from the forehead of an Irish washerwoman fifty-three years old, by Dr. McArthur. She had been operated upon by Dr. Andrews, three years

before, who removed at that time a cystic tumor from the anterior part of the left frontal bone. It was presumed that part of the cyst had been left *in situ*—"the root," as she termed it—since the growth returned where the cicatrix had formed. Six months prior to date, her son had sawn off a portion of the horn as large as that which was removed by the knife. The patient presented herself at the Dispensary, not because she suffered any pain, but because the growth was a source of annoyance to her on account of the ridicule it excited among her neighbors. She has at present six or seven wens upon the occipital and parietal regions, which she refuses to have removed for fear that similar horns would subsequently appear in the cicatrices that would result. The specimen presented was nut-shaped at its extremity, and of even thickness.

As to the cause of the origin of the horns, Dr. Hyde said that Drs. Wilson and Fox regarded the cornu as a development of the sebaceous glands. Neuman, however, whose views of the pathology of this subject would be of great weight and authority, says that the growth is due to the development of the papilla of the corium. It resembles a wart or a corn. The sebaceous follicle is an appendage of the hair. The hair, nail, and tooth, are identical, so far as the type is concerned: all proceed from a papilla. A French writer has reported one case in which the cornu had three extremities.

Dr. W. C. Lyman stated that he had removed a cornu, an inch and one-quarter in length, from the centre of the lower lip.

Dr. Johnson exhibited a small electro-faradic machine, with a chloride of silver battery, combined in a pocket-case. It weighs only fourteen ounces. This battery does not need to be prepared each time it is required for use, there is no acid or fluid of any kind, and it is much cleaner than others. Its strength is sufficient to run the helix of the largest size of the Kidder apparatus, and may be moderated at pleasure. It will run continuously ten and even twelve hours before needing renewal. The induced current is sufficient for medical purposes. There is, also, the extra current; and either form may be used; or, thirdly, the current resultant of the first two may be used.

The battery itself is the chloride of silver and zinc. The elements are composed of a strip of zinc and another of chloride of silver. It is moistened by the chloride of sodium. These are enclosed in a hard rubber case, with a top screw on, by which it is hermetically sealed. Two elements go with each case, and can readily and quickly be detached from the rubber case when exhausted, and new ones substituted. The machine is set in motion by moving an armature. Metal handles, or electrodes, are also provided.

Dr. N. S. Davis then addressed the Society upon the subject of diarrhoea in children.

Dr. Hyde—In diarrhœa we all look at the stools, and compare them with our idea of a normal stool. Will Dr. Davis tell us what such ought to be, in a child eight to twelve months, in summer, and while teething?

Dr. Davis—My idea is that a normal stool would be the same as it would be in a cold day. Teething has no influence upon it. I cannot understand how it is that the teeth become poisonous in hot weather, when, in winter, dentition goes on harmlessly. A natural stool varies from a soft semi-fluid, up to a well-formed, consistent stool, retaining the shape of the intestine. If much beyond simple softness, it is abnormal. The color may be a little more yellow than usual. A great many slight cases of diarrhœa have stools of thinner consistence, unpleasant yellow color, and very offensive odor. As to the significance of the green stools, or their afterwards turning green, this may be due to the bile matter, but not always. The matter from the solitary glands of the large intestine may assume a green hue. You can test for bile in the stools.

Dr. Hyde had noticed that in classes of adults, those of different complexions had different color of stools. The same was true in regard to dogs; those white, had white-colored stools; those black, the Newfoundland, for instance, had black-colored stools. It is very much so in children. He laid less stress upon the color of stools than he did upon their homogeneity and consistence.

Dr. Davis—To prevent mistake, I will state that I look to the consistence and the homogeneity of the stools, and whether they are mucous. If the stools are consistent, I regard the patient as nearly well. The color is nothing, unless very markedly changed, when it will indicate suppression of the secretions, which must not be neglected. The more you physic a patient, the less likely you will be to have the true secretory organs collateral to the bowels acted upon, and the nearer you will approach to the true choleraic condition. Hence, if you want to act on the secretions collateral to the bowels, keep the latter quiet, and increase excretory action by minute doses of alteratives and diuretics. Many a child has been killed by trying to carry off the secretions by active cathartic medication.

Dr. F. H. Davis had seen the statement that the diarrhœa of children was unknown on the Continent, and was peculiar to American cities. Perhaps this suggests the origin of the disease. Some say it is malarial, and treat it with quinine, in combination with opiates.

Dr. Simon—It seems to me that there is some coincidence in the relation between the color of the fæces and the complexion. Physiology teaches that the pigment cells take their origin in the liver.

Dr. Oleson was referred to as treating infantile diarrhœa by the potassium bromide, believing that it operated by allaying the irritability of the mucous lining of the bowels.

Dr. N. S. Davis—Some three years ago some reliable writer proposed a similar treatment. I have used it in a few cases, alone, and, more often, combined with paregoric, in camphor water. The effects have been pleasant and favorable. In certain cases, where he could not gain time enough to control the bowels, and there were cerebral symptoms, he had used the bromide and paregoric. There need be no fear in using the bromide alone, but there would probably be need of the paregoric.

Dr. H. A. Johnson had been in the habit, for the past eight years, of using the potassium bromide in cases where he did not desire to give opium, to allay irritability, and in the early stage of diarrhœa. He knew of similar practice in the U. S. Army. The irritability is not a primary disease, but is the result of less tonicity. I am quite sure the bromide will check the disease; it stimulates the urinary excretion, allays the nervous system, the irritation and peristaltic action of the bowel. The potassium bromide may be given, to a child one year of age, in two to four-grain doses, every four hours, and in pretty full doses as compared with adults; often enough to procure rest.

Dr. Etheridge had had limited experience with the bromide in the treatment of diarrhœa in children. He had found that the number of the discharges in the first twenty-four hours had not lessened, but their character had improved, and the child was better. If the use of the bromide was continued after the child was better, you would get brominism, with its eruption.

Upon motion, the Society adjourned.

*Transactions at Regular Meeting, Aug. 10, 1874.*

The Society met as usual in Parlor No. 1 of the Grand Pacific Hotel.

Dr. A. Fisher was, upon motion, called to preside, the two Presidents being unavoidably absent when the hour for business arrived.

The names of Drs. H. N. Hurlbut and F. L. Wadsworth were proposed for membership, and referred to the Board of Censors.

Dr. Etheridge read an exceedingly interesting article, which he had translated from the *Progres Medical*, being a paper by Dr. H. Chauppe on "The Therapeutical Study of Ipecac, when used in the Sweats of Pulmonary Phthisis." The following is a brief summary:

The history and details of twelve cases of phthisis, in its various stages, were given with much minuteness, and were divided into groups illustrating the results, more or less favorable in degree and duration of relief. Each group of cases was reviewed, from

which certain deductions were drawn, and objections noted and refuted. To one objection, that the injections of ipecac act, in sweatings, only by means of the tannic acid which they hold in solution, it was answered that in two cases where tannin had been given in rather large doses, no amelioration was produced; the ipecac clysters promptly arrested the sweats. The atropia sulphate, drachm doses of quinia tannate, or six-grain doses of tannin itself, had not controlled these cases of sweating. In these twelve cases, ipecac was found to act quite constantly in night sweats, with much benefit. It should be used in rebellious cases, when the excellent remedies above mentioned prove futile.

The different types and forms of sweating were then adverted to, and attention called to a point long neglected: Are the sweats preceded, or not, by fever? *Does the exhaustion follow the cold or hot sweats?* Probably in these two cases of sweating, the treatment for the sweats ought not to be the same. This problem still awaits solution. In most of the cases where ipecac has a good effect, the fever is noticed to precede the sweats.

*Mode of Administering—Doses.* We believe that the exhibition of ipecac, per rectum, is a veritable progress in treatment, and this method is due to M. Bourdon. It may be given in large doses, and for a long time, without producing a single mishap. We have used this form of decoction of ipecac: R. Powdered ipecac root, grains 154; pure water, grammes 100, by weight. Boil until reduced to 30 grammes. Filter this decoction. Prepare a second decoction, analogous to the first one, mix the two, and add five to ten drops of Sydenham's laudanum. It is better to use a glass syringe. Give one injection only, and as late as possible at night. Where the Brazilian potion was used, it consisted of the decoction of ipecac prepared as above, but reduced to 45 grammes, to which was added of the syrup of ether 15 grammes. Divide into three parts, and give one part every quarter of an hour.

#### CONCLUSIONS.

1. Ipecac, even in large doses, administered per rectum, does not produce vomiting or gastric disturbance.
2. In many cases of infantile diarrhœa, injections of ipecac act favorably.
3. Diarrhœa of the tuberculous was beneficially influenced; often for a long time cured, by ipecac in large doses. The autopsies afterwards made in some of these cases, displayed no organic lesions of the mucous membrane of the intestines.
4. The action of ipecac, upon phthisical sweats, has been the most frequently favorable.
5. Ipecac seems to act by absorption.
6. The tannin is in too small a quantity (gr.  $1\frac{1}{2}$ ) in the decoction, to have the therapeutical effect attributed to it.

Dr. D. A. K. Steele, of the Cook County Hospital, reported four cases of land scurvy. One patient was a Norwegian, a cabinet-maker, who had been living in abject poverty for several years. He was very melancholic, and neglected personal cleanliness. The disease had been progressing for many months. His bowels were very costive; had moved twice in four weeks. His condition was one of extreme anæmia and debility. Gums swollen, mastication difficult, limbs œdematous and ecchymotic; at the knees, the swelling prevented flexion and extension. With the first sound of the heart, there was a soft murmur.

The other three cases were in boys eight and nine years of age, who had been living in an asylum, whose wards were greatly overcrowded, and whose dietary had been very deficient in vegetables. Symptoms and condition very similar to the first case, but less severe; though one of the boys had lost two teeth. The treatment consisted in a liberal allowance of vegetables; also acid drinks; also ten drops of tr. ferri muriatis every four hours, to the boys; twenty drops to the adult; also a gargle of potassium permanganate, one grain to the fluid ounce. Dr. Steele said that scurvy is a very difficult disease to cure, but that these patients, particularly the boys, were fully convalescent.

Dr. Hyde brought before the Society the subject of prescribing proprietary medicines or remedies—a practice so largely on the increase in this city that six out of nine of the prescriptions received by the average grade of drug-stores (perhaps not so large a proportion by the best class of stores) ordered proprietary medicines, and even named the makers of the goods. He entered his protest against such practice, and against the swarm of traveling salesmen who throng into the offices, peddling their samples of medicines, repeating their glib stories with tiresome sameness; thus they go the rounds, month after month, and leave their bottles behind them, hoping by donating a few samples to increase the demand for their goods. What is the effect upon the wholesale drug-dealer? His stock will be made up of *proprietary medicines*, one-sixth; *patent medicines*, one-third; *paints and oils*, one-third; and the balance, one-sixth, of *drugs and medicines for prescriptions*.

Mr. A. E. Ebert, a leading druggist of this city, editor of *The Pharmacist*, and lately President of the American Pharmaceutical Association, was present, and, by request, addressed the Society substantially as follows: Twenty years ago, the wholesale druggists sold—in equal quantities—drugs and patent medicines. Fifteen years ago, the fluid extracts and preparations of the so-called "elegant pharmacy," became the fashion. In 1860, the Pharmacopœia fixed the strength of fluid-extracts, but no honest, conscientious pharmacist can prepare them, and compete successfully with the dishonest manufacturer. Mr. Ebert exposed the vagaries



of the elixir and the sugar-coated pill business, and various adulterations; one of these, consisted in taking the silver coin of the country and making the same into nitrate of silver; in one instance, he found one ounce of pure copper in thirteen of nitrate of silver. The makers of many articles of "elegant pharmacy" cannot by any exertion sell their goods in their own cities. The people are learning to do without physicians and can go to the stores, look at the medicines, and buy whatever they choose. It injures the physician, and degrades the pharmacist; makes middlemen of them, and kills off all incentive to accurate, scientific, honorable pharmacy. The only way in which to quell this evil, is to cease mentioning names of makers, and to order only the official remedies authorized by the U. S. Pharmacopœia.

Dr. Hay said that the remarks of Dr. Hyde and Mr. Ebert suggested the relations which ought to exist between the druggist, pharmacist and physician. After referring to the attacks, lately made by the secular papers, upon the profession, alleging that physicians were defrauding the public and their patients by collusion with druggists from whom they received a commission on prescriptions, and other perquisites, he said that if these charges are true, it is quite time that we should relieve ourselves of the odium; if false, let us refute them. He was interested in the profession, its standing, its integrity—honor—and the confidence it receives from the public, which is the sole basis on which it rests. He had made some inquiries and investigations, which had induced him to think that the charges, as made, were true. He would, therefore, introduce the following preamble and resolutions, which, upon motion, were passed without one negative vote, in a meeting of above the average attendance of members:

WHEREAS, The medical profession of Chicago, on several recent occasions, has been charged in the *Chicago Times* with collusion with pharmacists for the purpose of extorting money from their patients; and,

WHEREAS, This collusion is alleged to be effected in various ways: such as—

1. The use of prescription papers bearing the business cards of pharmacists;
  2. The occupation of offices free of, or at nominal rent, adjacent to or belonging to pharmacists;
  3. The writing of private formula understood by certain pharmacists exclusively;
  4. The acceptance of commissions upon prescriptions from pharmacists;
- and,

WHEREAS, The practices above designated, although deprecated by many always, have been maintained by many others innocently and in good faith, unsuspecting of their abusive application; therefore, be it

*Resolved*, That the Society of Physicians and Surgeons of the City of Chicago recognize the fact that the practices above designated tend to the degradation and demoralization of the medical profession, and to the diminution and withdrawal of public confidence upon which its existence depends.



*Resolved*, That the members of the Society pledge themselves, as individuals and as an organization, to discontinue the practices above designated, so far as they may have adopted them, and to discountenance them in others so far as their influence may extend.

*Resolved*, That the Society regards the acceptance of commissions upon prescriptions, by physicians, from pharmacists, as positively disreputable and dishonest, and to be deemed a sufficient cause for the rejection of an applicant for, or for the expulsion of a holder of membership herein.

Dr. Jackson, in seconding the adoption of the resolutions said that it was a growing evil, and that so far as it rests with us, we should shake it off.

Dr. Hamill—I heartily concur with the sentiment of the resolutions.

Dr. Etheridge—The evil is imaginary rather than a real one. He had called on a few of the leading druggists, and found that they never allowed commissions. He was astonished to find so little of it. It is the charlatans who bring these charges upon us. Are we not fighting a phantom?

Following remarks by Doctors Hamill and A. Fisher, Dr. Jackson said, that he hoped the practice was much less than was alleged, but thought that where there was so much smoke there must be some fire; and alluded to an incident where a medical friend of his had had a bottle of perfumery and a roll of bank bills presented to him by an apothecary, as a commission for prescriptions. The money was indignantly returned, and his friend forever afterwards withheld his patronage from that druggist.

The following resolution was proposed by Dr. Hyde and seconded by Dr. Hay:

*Resolved*, That a committee of three be appointed by the chair to co-operate with a similar committee from the Chicago College of Pharmacy (should such be appointed) in order to consider what, if any, measures are requisite in order to correct the great and growing evil in our midst of the prescribing of proprietary medicines, by name or otherwise, and of the accepting of samples of such medicines as are distributed in this city by the agents of eastern wholesale drug houses. And that such joint committees (should concurrence be had) report in full to the Society for such action in the premises as may seem to be desirable.

Mr. Ebert was of the opinion that the College of Pharmacy would co-operate.

The resolution was passed by an unanimous vote, and Doctors Hyde, Hay and Etheridge were appointed as such committee.

Dr. Jackson, on behalf of the Fee-Bill Committee, reported a schedule of rates for fees. The Committee were directed to confer with a similar one of the Chicago Medical Society.

Upon motion, the Society adjourned.

**Chicago Medical Society.** *Transactions at the Meeting of July 20, 1874.* Reported by WILL T. MONTGOMERY, M.D.

The Society met as usual in the parlor of the Gault House, the President, Dr. Quine, in the chair.

In the absence of the Secretary, Dr. Graham was elected Secretary *pro tem*.

The special order for the evening being report of Section on Obstetrics, Dr. A. B. Strong read a paper on Foetal Pulsation. Dr. D. A. K. Steele read a supplemental report on the same subject. It was moved and carried that both papers be published in the report of the Society.

In the discussion of the papers, Dr. C. M. Fitch said he had made examinations in eleven cases for the purpose of determining sex, and predicted correctly in nine. When the pulsations were over 140 per minute, he predicted a girl; when under 130, a boy. Between these two numbers, he was doubtful. He thought a stethoscope, with a metallic bell, preferable in these examinations.

Dr. Paoli could not see any practical importance in determining the sex of the foetus in utero. He was not aware that the sex made any difference with regard to preparations of clothing, etc. He could see how it might be of importance to crowned heads to know the sex before birth, in that they could then be prepared to celebrate the birth of prince or princess, as the case might be.

Dr. Bridge said while the determining of sex might not be of practical importance, the facts which may be gained in reference to the health and presentation of the child, and condition of the placenta, are of much importance.

Dr. T. D. Fitch—We may very well say that these investigations are of no practical interest, but they are of much scientific interest. He did not think it practically important to determine before birth the condition of the child or placenta, as the physician should be prepared for any emergency that might arise.

Dr. Seely—It may not be necessary to determine the sex before birth, but if we are able to do this we may gain the confidence of our patients, which is not to be despised.

Dr. Graham agreed with Dr. Fitch as to the scientific interest of these investigations.

Dr. Montgomery had made examinations in a number of cases with reference to determining sex, and was generally correct in predicting a girl when the pulsations were over 130, and a boy, when they were under 130.

Dr. Strong said that in the first eight cases which he examined he was correct in predicting the sex, and he thought a greater number of cases were required if we wished to aim at conclusions of value. He referred to a case of contracted pelvis, reported by Dr. Wilson, in which the determining of sex in utero was of practical importance.

Dr. Steele thought the determining of sex in utero might be of value in a medico-legal point of view.

Dr. Van Buren wished to know if there is any truth in the theory that gestations of mothers carrying male children are longer than of those carrying female. He also wished to know what effect protracted labors have upon the foetal pulsations.

Dr. C. M. Fitch had seen a child delivered after a protracted labor of forty hours. The child proved to be idiotic, and he thought this was the result of the long-continued pressure.

Dr. Stilliaus had seen a similar case, and thought the injurious effect of continued pressure was an argument against the use of ergot.

Dr. T. D. Fitch said in reference to the length of gestations he had observed that those of mothers carrying male children were longest, and if the mother went over her time, he was generally correct in predicting a boy.

President had not heard of any reliance being placed on the length of time of gestation. He had made a number of observations in reference to determining sex by auscultation, and had usually been correct. The position could not be so reliably determined by this as by external manipulation. He thought inflammation of the placenta could be diagnosed by repeated auscultations.

Dr. Bartlett—An exceedingly slow pulse, as seventy to eighty, is very unfavorable to the child, and when it is observed, delivery should be effected as soon as possible. He had been called, within the last week, a distance of four miles, to see a lady, and when he arrived at her house learned that all she wanted him for was to tell her whether she was going to have a boy or girl.

Dr. Foster does not believe the length of time of gestation is a true indication of sex. He recently attended a lady on the 28<sup>5</sup>th day, and delivered her of a girl.

Dr. Bridge gave an explanation of the marked influence the contractions of the uterus exercise over the foetal pulsations. He thought the great diminution in the number of pulsations at the height of contraction was due to the circulation being cut off so that the blood in the placenta and foetus became poisoned from non-aeration.

After miscellaneous business was disposed of, the Society adjourned.

*Transactions at Meeting of Aug. 3, 1874.*

Society met as usual, in the parlors of the Gault House, the President, Dr. Quine, in the Chair.

Dr. Quine read a paper presenting the most important facts from a record of a number of cases of puerperal metritis, metro-peritonitis, and puerperal septicæmia, which had occurred in Cook County Hospital. He said he wished to present the paper as

introductory to the subject of puerperal fever which he hoped to consider more fully at a subsequent meeting. In the cases presented, the line of distinction between the three diseases was pretty clearly drawn. With reference to treatment, blisters and poultices to the abdomen were used in all cases. The chief treatment in the cases of simple metritis was veratrum, or aconite combined with opium sufficient to relieve pain, and attention to cleanliness. The cases of puerperal septicæmia were treated substantially as typhoid fever. The opium treatment was used in the cases of metro-peritonitis. In two cases that recovered, dr. ss. of morphine was given for several days in succession. The pulse was kept between four and eight in the minute. To one patient gr. vij of morph. were given several successive hours, and for two days previously gr. v were administered every hour. The morphine was gradually withdrawn three days before death, and while it was used, no effect was noticed on the pulse or respiration. Veratrum was faithfully tried, but invariably increased the frequency and diminished the fullness of the pulse. Quinine had a marked effect in diminishing the intensity of the fever. His experience is decidedly in favor of opium and quinine.

Dr. C. M. Fitch had seen five well marked cases of puerperal fever, and all were fatal. He related a case following an abortion, which forcibly impressed him with the contagiousness of the disease. All he had read on the subject had been eminently unsatisfactory.

Dr. Jacobson had seen local depletion by means of leeches to the abdomen used a great deal, but has not been encouraged to use it in his own practice. He has seen good effect from the use of collodion to the abdomen; said there is a great difference in regard to prognosis in different epidemics. Little can be done after the disease is well established. We cannot exercise too much care in regard to prevention by contagion. He thought the disease often arose from products of the uterus retained by inertia, and recommended the use of ergot in cases of faulty contractions. Referred to two cases in which decayed fœtuses seemed to be the cause of the disease.

Dr. T. D. Fitch had had but little experience with the disease in private practice. He agreed with Dr. Jacobson in reference to the importance to prophylaxis. Patients may be infected by the physician after making autopsies or attending erysipelatous cases. The greatest care should be observed in disinfecting the hands and clothing. He coincided with the views of Dr. Jacobson with regard to the retained products of the uterus and ergot. He is particular to give ergot in all cases in which there has previously been post partum hemorrhage or inertia. Injury to the parts may be an exciting cause of the disease. As regards mortality, much depends upon the severity of the epidemic. In the treatment of puerperal cases he secures an early evacuation of the bowels, and prefers castor oil. Does not use vaginal injections unless the discharge

are offensive. He usually begins the treatment of the fever by giving veratrum in gtts iv doses, and increases the dose until the pulse is brought down to 60 or 70. In malignant cases veratrum will not reduce the pulse, and stimulants are indicated. He uses blisters but never bleeds; withdraws the veratrum as the case progresses. Does not believe in heroic doses of opium, but gives sufficient to control pain.

Dr. Stilliaus had never had a case of fever in a patient which he had delivered, and had flattered himself that it was due to his management of his patients. He uses vaginal injections in all his labor cases.

Dr. Strong had seen eight cases, six died and two recovered. One of the cases that recovered was leeches; and in the other, stimulants and quinine were used.

Dr. Paoli said that we labor under the delusion that these cases sometimes recover. He did not believe any well marked cases ever recover, and he did not believe any gentleman would swear that he had seen such recover. He did not believe that it was always possible to distinguish between the different puerperal diseases. Condemns bleeding, and says that veratrum does not have any curative effect, but only controls the severity of the symptoms. So with quinine. Did not think any medicine had any curative effect in this disease. A thorough examination will always discover pus in the blood of true puerperal fever cases.

Dr. Millard had never been able to distinguish between puerperal fever and peritonitis. Had had success from venesection in the treatment of these cases. Thinks the thorough contraction of the uterus after delivery important.

Dr. Taggart had seen the veratrum and opium treatment used in an epidemic in Buffalo with unsatisfactory results.

Dr. Van Buren does not know what puerperal fever is. He had been taught from books that it is an inflammation. If we knew just what it is, we might treat it intelligently. He said if there is any truth in the poison theory, he thought it was important to secure firm contraction of the uterus. Had never seen but one case of the fever, and that died.

Dr. Etheridge inquired as to the large doses administered to the case of Dr. Quine, if the patient really took gr. vij of morphia for a number of hours in succession.

Dr. Quine said the dose was gradually increased up to gr. vij, and repeated a number of times. Such heroic doses were only administered to the one case. He said some important points had been brought out in the discussion that were not alluded to in the paper. First, as to the contagiousness and nature of the disease. He had used the term generically. Does not think there is any connection between puerperal fever and other inflammations. The poison may enter the system through any open blood vessels.

He thought puerperal fever might occur before confinement, and referred to a case in point. Had never communicated the disease, and latterly had not used great care. The specific virus may be readily communicated by one and not by another. One midwife had recently furnished him eleven malignant cases. He had seen cases in which the injudicious use of cathartics seemed to aggravate the disease and hasten a fatal termination. He had used quinine and nux vomica in cases of inertia with good effect. Quinine is the most efficient remedy in restraining the disease, and he administers to cinchonism. Had used stimulants in most cases. Pain is not a marked symptom, and he did not give opium for its anodyne effect but for the specific effect he thought it had upon the inflammation. He was as sure as he could be, without an autopsy, that he had seen true cases of puerperal fever recover.

Dr. Mary Thompson asked, Is it right for a physician to go from a case of eruptive fever to a case of confinement?

Dr. Paoli answered, in his usual positive manner, *Nō*.

After miscellaneous business was disposed of, a motion to adjourn prevailed.

## *The Hospitals.*

**Cook County Hospital.** July 10, 1874. Medical Clinic. By Dr. H. M. LYMAN.

A woman with chronic diarrhœa, tongue very red, was receiving four times a day teaspoonful doses of turpentine emulsion, to which was added a little laudanum. There is one fluid drachm of turpentine to the ounce.

A patient with acute gastritis (vomiting of blood, and likewise discharging the same from the nose), due to alcoholic excesses, was receiving scruple doses of potassium bromide every two hours.

A German, of thirty-one years of age, was under treatment for the insomnia and restlessness attendant upon a drunken spree. He received the following: R. Potassii bromidi, oz. j; chloral hydratis, dr. vj; syrupi simplicis, aquæ, aa f. oz. ij. M. Sig. one teaspoonful every four hours.

**SURGICAL CLINIC,** by Drs. BOGUE and FREER.

The case of osteo-aneurism, reported in the last number of the JOURNAL, terminated fatally July 5th. The patient had left the hospital soon after the operation, but continued to lose strength. A fungoid growth sprung up in the cavity of the wound, attended with capillary oozing and hemorrhages, which resulted at length in death.

*Pleuritic Abscess—Fracture of Right Humerus—Luxation Right Shoulder, four months' duration—Railroad Injury of the Right Foot, Syme's Operation.*

A boy, five years of age, had empyema of the right chest, which had opened externally, spontaneously. Dr. Bogue enlarged the opening and inserted a drainage tube, previously having passed a thread through the rubber tube, to prevent its slipping into the thoracic cavity.

A fracture of the right humerus, due to a fall, was treated by extension, weight, and pulley.

There was no interference in the case of a German, who had a dislocation of the right shoulder of four months' duration. Some details were given by Dr. Freer, of a list of accidents that had occurred in twenty cases, where attempts had been made to reduce this kind of injury. In India, a dislocation of this sort had been reduced after two years' displacement.

A young Swede had his foot mashed by a railroad accident. Dr. Freer performed Syme's operation, using Esmarch's bandage, and ether as an anesthetic.

In regard to Esmarch's bandage—a practical and recent application of an old discovery—Dr. Freer answered some objections to it, made by Langenbeck, as, for instance, the danger from septicæmia, where the decomposed fluids of a limb might be sent into the system by bandaging. In such case, there would be no need of bandaging below the seat of infection—begin higher up. To the second objection, that the bandage endangered the well-being of the flaps, conducing to sloughing, it was said that there would be sloughing in a certain per cent. of cases if no bandage were used. There has been no case of sloughing of flaps in the Cook County Hospital which could be attributed to the use of Esmarch's bloodless method. If there were ecchymoses along the limb (though he had seen none at this hospital), it was probably due to applying the bandage too tightly.

July 21. Medical Clinic. By Dr. LYMAN.

*Scarlatina Hemorrhagica.*

The patient, a brass-finisher, a Canadian, twenty-two years of age, thought this was his second attack of scarlet fever, and that the eruption came out on the eighth day of his sickness. The eruption was coextensive with the entire body—confluent on the face only; the limbs were lowered in temperature, and covered with large purpuric patches; the color did not disappear upon pressure. The tongue, buccal and faucial membranes were intensely red; the edge of the gum, next the teeth, was marked by a line of apparent hemorrhagic exudation.

Treatment: Potassium chlorate, compound tincture of cinchona; brandy and water; and the following: R. Potassæ



acetatis, oz. ss; tr. digitalis, f. oz. j; aquæ, f. oz. iij. M. Sig. Take one teaspoonful four times a day.

*Diabetes.*

This patient, an Irish laborer, thirty-six years of age, was receiving every six hours teaspoonful doses of turpentine emulsion, to which were added eight minims tr. opii. The citrate of iron and quinine was given three times a day. He is now troubled by a diarrhœa; tongue red and much furrowed. His urine is of the specific gravity of 1041, and he voids ten and a half quarts daily. The desire to drink is strong and constantly present. In 1866 he had an attack of sunstroke.

July 28. Dr. H. M. LYMAN.

*Scorbutus.*

At present there are four cases of land-scurvy under treatment. One patient is a Norwegian, thirty-five years of age, and a cabinet-maker. The other patients are boys, two of whom are eight years, the third nine years of age, and inmates of a school in which they state they have seldom had potatoes or onions to eat. One of the boys has lost two teeth. His gums are blue, very spongy, and crowd between the teeth. The face is a little swollen.

The Norwegian had been boarding himself, and living in a damp, dark and underground apartment, beneath a barn. He says he has had no vegetables in the last three years, and lived on salt pork the last two years. His weakness is extreme. He is almost bloodless, and very emaciated; legs painful, stiff and swollen, and covered with petechiæ and purpuric patches. He has lately lost four teeth; his breath is very foetid; gums tumid and tender. His bowels have moved only twice in the past month. Dr. Lyman adverted to the proverb among sailors, that the sight of land would kill scorbutic sailors, and explained it as not being due to that cause, but to the over-exertion and excitement of the sailor *in trying to get up on deck* to see land, when his anæmic and asthenic condition ought to have forbidden his getting up at all; there would be danger of fatal syncope from such imprudence. Ordered nutritious and vegetable diet, acid drinks, and tr. ferri muriatis; also a permanganate of potassa gargle.

A German gardener, thirty-five years of age, had an attack of remittent fever eight years ago; more recently, an attack of intermittent fever. His present condition is that of malarial cachexia and anæmia. There was also the well-known ague cake; the spleen upon percussion and palpation was found to be a hardened mass, with a distinct indurated edge.

Ordered: R. Ferri et quiniæ citratis, gr. iij; acid arseniosi, strychniæ sulphatis, aa gr.  $\frac{1}{30}$ . M. Ft. fil. No. 1. Sig. Take one such pill three times a day, after meals. Locally, apply over the region of the spleen an ointment containing the biniodide of

mercury. It will be necessary to continue the above treatment not less than two months.

Valvular disease of the heart in an Irish woman, seventy-nine years of age. If there is dilatation and thinness of the cardiac walls, with feeble action, you may exhibit tincture of digitalis; doses of twenty drops. If there is hypertrophy, give veratrum viride up to toleration; dose of three or four minims; and you can give more of it by combining with it the tr. opii, which will be an antidote to the depressing effects of veratrum viride.

---

**Rush Medical College.** Saturday, July 18. Surgical Clinic, by Dr. GUNN.

*Abscess of the Left Side.*

Dr. Gunn brought before the class a man forty-five years of age, who had had pleuro-pneumonia with effusion upwards of two years, together with pneumo-thorax. Six weeks after the attack, two openings in the left chest formed spontaneously, and had continued to discharge pus for more than a year. The left half of the chest is the smaller, by more than two inches. These closed up, but again re-opened. The patient desired to know whether there was any more fluid in the chest, and whether there would be a third opening and discharge? He was informed that there was probably no fluid remaining.

Dr. Gunn remarked that he believed he was a pioneer of what has of late years become the practice, namely, early tapping in effusions of the chest. It is the duty of the physician to tap patients with effusion at the end of three weeks, if even it be only serum, for the possible danger to the lung by compression is very great. He did not think the danger from air in the chest was very great, and cited several cases in support of his view.

Where the aspirator is not at hand, the following is the mode of tapping: Place the patient over the edge of the bed, and with a thumb lancet make a vertical incision, one inch long, directly over the seventh rib; draw up the skin, and in the sixth intercostal space, near the seventh rib, puncture the chest wall. A valvular incision will have thus been made, into which a pledget of lint may be inserted, and secured by adhesive plaster; the skin may slide over it. The next day it may be withdrawn, to draw off more fluid. After a while the discharge will cease, and the fistulous tract close up.

---

**Mercy Hospital.** July 20.

Your reporter desires to acknowledge the courtesies received from Dr. Haines, the House Physician.

A patient who had had a bronchitis of long standing, with emphysema, and been subjected to many forms of treatment without

cure, was given, tentatively, the potassium iodide with immediate relief and benefit. Upon substituting hypodermic injections of the biniodide of mercury (gr.  $\frac{1}{2}$ ), he relapsed, and had periosteal trouble. The iodide of potassium was resumed, forty grains daily, and to the nodes an application was ordered of: R. Acidi carbolici, f. dr. j; tr. iodinii, f. dr. vij. M.

*Acute Articular Rheumatism.*

The usual treatment is to render the urine alkaline within forty-eight hours after admission, if possible. This is done by the exhibition of half-drachm doses of the acetate or citrate of potassa, with suitable doses of wine of colchicum. Sometimes the nitrate of potassa is used. Dover's powder, to quiet pain. No topical applications. After two days, this treatment is suspended, and three-minim doses, four times a day, of the strong nitro-muriatic acid, with the  $\frac{1}{4}$  grain strychnia sulphate. The tr. ferri muriat is sometimes used.

*Rupia.*

A young man was under treatment, receiving of the potassium iodide eight grains, with two grains of the muriate of ammonia; the dose repeated three times daily; topically, a lotion of carbolic acid. The eruption in this patient is due to a venereal ulcer contracted a year ago, has widely spread over all parts of the body, and is a typical and fine illustration of rupia.

In the treatment of syphilis, care is taken to bring the condition of the patient up to a good standard by nutritious diet, and by the syrup iodide of iron with bark, before the usual specific treatment is ordered.

A young girl of sixteen had an attack of scarlatina in her childhood, which, among other evils, produced deafness. She had never menstruated, but an oval globular tumor above the pubis had been gradually forming and enlarging. Upon dilating and incising the cervix uteri, the contents of this tumor were evacuated, and consisted of retained menstrual fluid and detritus. A few weeks later, imprudent exposure and over-exercise brought on an attack of cellulitis and peritonitis, with formation of abscess in the left inguinal region. The patient's condition was one of great debility, pain upon moving, or on being touched over the region of the abscess. After waiting for some return of strength, the fluid was drawn off by the aspirator, its puncture being made in the left iliac region, on a line with the centre of Poupart's ligament, and four inches above the ligament.

Subsequently, a spontaneous opening formed two inches above the point of the first puncture, possibly because the abscess may have been divided into two cysts or compartments, into one of which the needle of the aspirator did not penetrate.

*Excessive Tympanites.*

A patient convalescing from typhoid fever, exhibited a most wonderful gaseous distention of the abdomen. To relieve this, bismuth, turpentine and various other medicines and clysters of many sorts were ordered, but without benefit. Upon the physiological grounds of its well-known action upon the unstripped muscular fibres, the fluid extract of ergot, twenty minims four times a day, was given, with speedy and permanent effect upon the intestine; the tympanites soon disappeared.

*Delirium Tremens.*

Dr. Howell gives the fluid extract of cannabis indica where the patient is in a very nervous and tremulous condition (where he can neither sit nor stand), twenty or thirty minims in one dose at night, usually without the potassium bromide. The hydrate of chloral has been observed to cause distress to the eyes, and, in one case, a conjunctivitis has been thought to have followed the use of chloral.

Formula to disguise the taste of cod-liver oil: Glycerine, two parts; brandy, one part, and cod-liver oil, one part. Mix, and add enough of essence of wintergreen to flavor.

July 31. Surgical Clinic, by Dr. FREER.

*Reunited Fracture of the Left Leg.*

This man broke his leg six months ago. The line of separation is at the junction of the upper and middle third of the limb; it is only partially united, probably because the surfaces of the ends of the fragments are covered with fibrous, ligamentous structure, thus preventing the formation of bone structure.

The treatment for such a non-union will vary with the interval after time of accident. The moderate means, such as the movement of the ends upon each other, blistering, or walking on the limb, should first be tried. Too long a time has elapsed to allow any expectations of such means being of benefit in this case.

I shall employ a more radical method, one devised and introduced in 1850 by the late Prof. Brainard—the boring of the bone by a drill. It will succeed in all proper cases for that kind of treatment. No good results are to be expected when the drill is used in patients very cachectic, anæmic, who have cancer, or are in gestation or lactation. Its design is to denude the surface of the bone, excite moderate inflammation and reproduction of bone; the drill acts by displacement. Very little bone dust or chips are formed. The seton and the ivory peg do not cause reproduction of bone, though they set up an inflammation.

In his experiments upon the lower animals, Dr. Brainard found that the ivory peg, driven into the seat of fracture, would cause necrosis, or at least destruction of bone.

The integument should be moved above or below the point where you intend to insert the drill, in order that when the skin falls to its natural position, it may cover over the points you have drilled in the bone. Pass the drill through the superficial to the deeper fragments of bone; then, without entirely withdrawing the drill, move it to one or the other side, drawing the skin with it. Each fragment, the distal and proximal, may in this way be drilled in three or four places.

It may be necessary to repeat this operation, at intervals of a few weeks, three or four times.

Dr. Freer made three openings in each fragment, the drill going through the entire diameter of the bone. No anæsthesia was needed. The leg will be put at once into a plaster of Paris splint.

---

### Editors' Book Table.

NOTE. — All works reviewed in the columns of the CHICAGO MEDICAL JOURNAL may be found in the extensive stock of W. B. KEEN, COOKE & Co., whose catalogue of Medical Books will be sent to any address upon request.

*A Practical Treatise on the Surgical Diseases of the Genito-Urinary Organs, including Syphilis.* Designed as a Manual for Students and Practitioners. With engravings and cases. By W. H. VAN BUREN, A.M., M.D., Professor of the Principles of Surgery, etc., in Bellevue Hospital Medical College, etc., etc., and E. L. KEYES, A.M., M.D., Professor of Dermatology in Bellevue Hospital Medical College, etc., etc., etc. New York: D. Appleton & Co., 549 and 551 Broadway. 1874.

It is with no small degree of professional and national pride, that we receive this work of the distinguished Professor of Bellevue as another illustration of the rapid advances now being made in medical literature on this side of the ocean—advances which are rapidly diminishing our dependence upon foreign sources of instruction in the more purely scientific departments of medicine.

The work is divided into two sections, the first of which—four hundred and seventy-two pages—is devoted to the consideration of diseases of the genito-urinary organs, including those of the penis, urethra, prostate gland, bladder, ureters, kidneys, testicles, scrotum, spermatic cord and vesicular seminales, with the operative procedures necessary for their relief, and full descriptions of the instruments required. The second section of two hundred pages comprises the various manifestations of syphilis and chancre. In the first section of the work, the chapter on "urethral

and sexual hygiene" deserves to be written in letters of gold, containing, in the short space of two pages, lessons in moral, mental and somatic hygiene, which, if faithfully applied, would soon rid the world of a large class of diseases.

The treatise on prostatic disease is unusually full, and constitutes the most valuable contribution to this department of pathology in the English language. The description of that rare form of disease, tubercular kidney, has evidently been written from practical observation of the disease, and to one familiar with its morbid anatomy is singularly accurate.

On page 169, the "summary of treatment of stricture" is more comprehensive than many large volumes.

The author declines, very wisely, the discussion of the vexed question of the unity or duality of the syphilitic poison, upon which so much bad logic has been expended by medical writers. He, however, practically takes position with the unicists, inasmuch as he describes most carefully, syphilis in its various forms and modes of manifestation, and equally carefully another disease which is not syphilis but "chancroid," lacking some of the essential characteristics of syphilis. This question of unity or duality of syphilis has always appeared to us as a parallel to that concerning "true" and "spurious" vaccine. That is to say, there is a disease whose specificity depends upon the presence of certain characteristic symptoms and appearances. These absent, the essentials of the disease no longer existing, the disease itself is not, but instead, we have something essentially, specifically distinct, which may be designated as may seem best, but should be correlated with the first only antithetically.

On page 555, we are glad to see that Dr. Van Buren speaks unequivocally upon this head. In speaking of that most illogical, irrational mode of treatment, syphilization, he says, "its premises are scientifically inexact, for *chancroid* is not syphilis any more than is nettlerash the itch."

The remarks in the latter part of the volume upon syphilis of the nervous system, shed light upon much that was obscure in this peculiar department of pathology. Taken altogether, the work must take rank amongst the classics of professional literature.

The mechanical portion of the work cannot be commended more highly than by saying that it is issued by the great house of D. Appleton & Co.

H.

*Observations on the Pathology and Treatment of Cholera,—The Result of Forty Years' Experience.* By JOHN MURRAY, M.D., Inspector-General of Hospitals, late of Bengal. New York: G. P. Putnam's Sons. 1874.

A record of the accumulated experience of forty years in the observation and treatment of any disease could scarcely fail to



contain much valuable information, and hence it is to be regretted that the author has condensed his subject so severely that much valuable matter must necessarily have escaped.

In fifty duodecimo pages it is scarcely possible to give more than the barest epitome of the observations which the most careless observer must have made during forty years in a locality so prolific in examples of any disease as India of cholera. It is rare that the reviewer is called upon to complain of the brevity of an author. In this case, one of the advantages may be, that every one will read it, as every one should, and every one who reads will have but one comment, like that upon the old lady's pudding, "very good! what there is of it."

H.

*A Universal Formulary.* Containing the Methods of Preparing and Administering Official and other Remedies; the whole adapted to Physicians and Pharmacists. By R. EGLESFELD GRIFFITH, M.D. Third edition, carefully revised and much enlarged by JOHN MAISCH, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. With illustrations. Philadelphia: Henry C. Lea. 1874.

Griffith's Medical Formulary is so well known to the profession as to require but a passing notice. A work more useful in its especial department cannot be found, the formulæ being derived from the highest authorities, and duly accredited. There are occasional defects to be found, as nothing is perfect, but the formulæ on page 557, credited to Magendie, we think would scarcely be deemed safe by those accustomed to the use of strychnia, *i. e.*, one-twelfth to one-sixth of a grain morning and evening. Nor would the two following, which permit the use of this drug in doses of one-tenth to one-sixth of a grain, be altogether free from danger. Whereas the formulæ of Giubourt and Brera, for one-sixteenth and one-twentieth (respectively) of nitrate of silver, can scarcely be considered sufficiently active to possess any efficiency. The formula from Bouchardat, (atropia 15 grs., alcohol 10 fl. drachms, dose one to three drops,) is dangerous, one to three drops of the tincture containing one-fortieth to one-thirteenth (nearly) of a grain of the alkaloid; the minimum of these should be the maximum. These are incidental defects, and do not detract from the general merits of the book, which, in the main, is beyond criticism. The editorial excellence of the work is guaranteed by the name of Jno. M. Maisch, and its mechanical and typographical perfection by the imprimatur of Henry C. Lea.

H.

## BOOKS RECEIVED.

*Nomenclature of Disease.* Prepared for the use of the Medical Officers of the United States Marine Hospital Service, by the Supervising Surgeon, JNO. M. WOODWORTH, M.D.



*Essays on Conservative Medicine and Kindred Topics.* By AUSTIN FLINT, M.D., Prof. of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, N. Y.

## PAMPHLETS RECEIVED.

*A New Method of Treating Malignant Tumors by Electrolyzing the Base.* By GEORGE BEARD, M.D. New York. 1874.

*Atmospheric Electricity and Ozone: Their Relations to Health and Disease.* By GEORGE M. BEARD, M.D.

*Catalogue and Announcement of the Medical Department of the University of Pennsylvania for the 109th Session, 1874-75.*

*Eighth Annual Announcement of the Chicago College of Pharmacy.*

*On the Value of High Powers in the Diagnosis of Blood Stains.* By JOSEPH G. RICHARDSON, M.D., Lecturer on Pathological Anatomy in the University of Pennsylvania, and Microscopist to the Pennsylvania Hospital.

*The Vanderbilt University Department of Medicine and Surgery.*

*Transactions of the Eighth Annual Meeting of the Medical Association of the State of Missouri, held at Sedalia, April 21, 1874.*

*Report on the Progress of Surgery.* By J. W. TRADER, M.D., Sedalia, Mo.

*Direct Local Medication in the Treatment of Chronic-Catarrhal Inflammation of the Nasal and Pharyngo-Nasal Cavities.* By THOMAS F. RUMBOLD, M.D., St. Louis.

## JOURNALS RECEIVED.

L'Anatomie et de la Physiologie, Journal de M. Charles Robin, Paris—Juillet et Aout.

The Atlanta Medical and Surgical Journal—August.

" American Medical Weekly, Louisville—Nos. 1, 2, and 3.

" American Journal of Syphilography and Dermatology—July.

" Archives of Ophthalmology and Otology—Vol. IV, No. 1.

" Braithwaite's Retrospect—July, 1874.

" Boston Medical and Surgical Journal—August 1.

" Buffalo Medical and Surgical Journal—June.

" Canada Lancet—August 1.

" Cincinnati Lancet and Observer—August.

" Clinic—July 18, 25.

" Canada Medical and Surgical Journal—July.

" Chicago Journal of Nervous and Mental Disease—July, 1874.

" Druggists' Circular—August 1.

" Detroit Review of Medicine—August.

" Dental Cosmos—August.

" Kansas City Medical Journal—July.

The London Lancet—July.

- " Medical and Surgical Reporter—July 18, 25, August 1, 8.
- " Medical Record, New York—July 15, August 1.
- " Medical Science, Half-Yearly Compendium of, Philadelphia—July, 1874.
- " Medical Times, Philadelphia—July 11, 18, 25, Aug. 1, 8.
- " Medical Examiner, July 15, August 7.
- " Medical Press and Circular, London—July.
- " Medical and Surgical Review, (Australasian)—May.
- " Medical News and Library—August, 1874.
- " Medical News and Library, Supplement.
- " Missouri Clinical Record—August.
- " New Remedies. A Quarterly Retrospect of Therapeutics, Pharmacy, etc.—July.
- " Nashville Journal of Medicine and Surgery—July and August.
- " New York Medical Journal—August, 1874.
- " Psychological and Medico-Legal Journal, New York—July.
- " Pacific Medical and Surgical Journal—July.
- " Peninsular Journal of Medicine—August.
- " Practitioner, London—July.
- " Pharmacist—August.
- " Richmond and Louisville Medical and Surgical Journal—July.
- " Southern Medical Record—July.
- " St. Louis Medical and Surgical Journal—August.
- " Technologist—July.
- " Virginia Medical Monthly—August, 1874.

---

### Editorial.

Some cynic has said "the world has been trying for sixty centuries to pluck the mote from its brother's eye, and never yet detected the beam in its own." Hence, while the suggestion conveyed in the aphorism is by no means novel, its practical application might prove a refreshing variety to the monotony of life in these dog-days. We shall propose very gravely, then, that we of the medical profession begin to extract the beam from our own eyes as indicated to us by the general public, on several recent occasions, through its exponent, the secular press.

Twice, of late, have charges been made against our profession, seriously compromising its honor and trustworthiness, if true. That they might have been made once, vaguely and generally, without foundation and unjustly, is probable; but when they are reiterated distinctly and specifically without contradiction, they thereby acquire a degree of importance which demands our attention.

The medical profession of the city of Chicago has been charged with collusion with druggists to rob the people—their patients—whose lives have been placed confidentially in their hands.

The general charge has been specified as follows :

1. In advertising certain pharmacists by circulating their business cards in the form of prescription papers, supplied at the expense of the pharmacist, which expenditure must be compensated for by the addition of a percentage to the reasonable profit received by the pharmacist upon his prescription trade.

2. In occupying offices, leased from pharmacists, without, or with a nominal, rental, the sums thus disbursed for such rents being "made up" in the manner already indicated, *i. e.*, by an additional charge to patients for medicines.

3. In receiving from pharmacists an actual percentage, in money, upon the amount charged for every prescription written by the physician and prepared by the pharmacist.

Are these charges true? If so, our assertion that they seriously compromise the honor and dignity of our profession is just; for their truth demonstrates the fact that certain members of our profession have become mere stipendiaries of certain pharmacists—"drummers" for the drug trade, and not even first-class drummers, salaried employees, but, like the rank and file of the numerous army of "commercial travelers," "working on commission."

We have made diligent inquiry to ascertain if any evidence of such collusion as is charged existed, and must say, "*Si non e vero e ben trovato.*"

That the practices specified are common, is well known. They have been sanctioned by custom, and adopted by a large number of physicians, upon whom no suspicion of dishonor could for a moment rest. But that they are applied dishonestly by some, there is good reason to believe. That these usages or customs, innocent, perhaps, in their inception, are susceptible of outrageous abuse, must be clear to any honest mind; and while there are many who still adhere to them in perfect integrity and good faith, there are others who use them corruptly and dishonestly, to the pecuniary loss of their patients and the degradation of their profession.

The time has come for a reform, long looked for by all tena-

cious of professional honor, but now made necessary by public clamor. It can be accomplished, and at once, by a total abandonment of the practices upon which these charges of collusion are based. Let honorable members of the profession cease to write prescriptions upon the business cards of pharmacists. Let them, as soon as possible, vacate their offices adjacent to pharmacies. Let them abandon the use of private formulæ, cryptograms, known only to the initiated—and thus, like Cæsar's wife, be above suspicion.

To those who have already sunk so low as to have received commissions on prescriptions, if it is possible to reform that which must be already essentially deformed, we say, abandon either the profession or the dishonest practices which disgrace it.

The Society of Physicians and Surgeons, at its meeting August 11th, passed a series of resolutions condemning in the strongest terms the practices indicated above. Moreover, the resolutions were passed unanimously, and although there were but eighteen members present, these eighteen have placed themselves on record in their support. But this alone is not sufficient. The resolutions must be enforced. Let the Society look to this, and, having accomplished it, its whole duty to the profession and the public will have been fulfilled.

It remains now for the College of Pharmacy to consider their side of this question. If they can be induced—and we are assured by competent authority that they can—to pass, and enforce, resolutions comprehending the same objects, it will then be easy to crush out the evil between the two co-operating forces. H.

***"Abortion Not a Crime."***

On the thirty-first day of July the notorious "Dr." Earll was convicted before the Criminal Court of Cook County of the murder of Rosetta Jackson, by abortion—the murder of the unborn child was entirely overlooked—and was sentenced by the jury to confinement for one year in the Penitentiary. The astonishment of all, and the indignation of many, who have heard or read the evidence in this case, at the utter disproportion of the punishment to the offense, will cease when the real reason shall have been ascertained. Here it is: Four of the jurors, convinced by the evidence that Earll had committed the abortion, were unwilling

to convict, because they did not regard the act as criminal, considering that any one who did not desire offspring had a perfect right to destroy them in utero.

Here we have, in brief, the necessary result of the false teaching to which society has been subjected, both in physiology and morality—false teachings which have become a part of the moral character of the greater portion of society, under the sanction of mischievous laws, their inevitable outgrowth.

When the Civil Code shall have been reconstructed upon the basis of true physiology ; when society shall have been taught that no arbitrary limit can be assigned as the initial point of a human life ; when men, and, more especially, women, shall be convinced that a foetus in utero, from its conception to its birth, is, potentially, as much a human being as the mother who bears it in her womb ; when the truth which has been enunciated by medical jurists for a generation, that the destruction of the foetus in utero, at whatever period of its existence, is murder, shall have been thoroughly understood ; then will jurymen be made to know that the destruction of unborn children is not simply a matter of conscience, in which no one is concerned except the perpetrators, but that abortion is murder, planned by the woman, aided and abetted usually by some man, and perpetrated by some hired assassin dubbed "Dr. ;" it may be in a Halsted street den by an "Earll," with his oil of tansy and his home-made hook ; it may be by some one much better known, who earns his fifty dollars of blood-money in his office on a fashionable avenue, with an instrument much safer, an elastic bougie. We are told that there is no remedy for the evil ; that it is simply an outgrowth of the innate depravity of human nature ; that if one will not, another will, do these deeds of darkness and of blood ; that women will produce abortion upon their own persons.

Moreover, we hear much of justifiable abortion to save the life of a pregnant woman ; and we read in a cotemporary journal of recent date, of one eminent physician who performed five of these "justifiable" abortions which did not save the lives of the pregnant women, but destroyed them in every case ; and we mentally thank God that we have not that load on our conscience, which all the honors of professional eminence can never counterbalance. If the justification of abortion rests upon the conscience and the

judgment of any one man, why not upon that of any other man? What right has one physician to decide a question which another may not assume? If abortion is justifiable to save the life of a woman, why is it not equally so to save her reputation, which to many is dearer than life, whose loss has driven many to destroy life by suicide?

*"Falsus in uno, falsus in omnibus"*—that which is wrong, is so essentially, and by no sophistry, under no circumstances, can be made right.

There is a remedy for this great evil, a mode of preventing this terrible massacre of the innocents which is already making itself felt in essential ethnological modifications. Let physicians cease to throw the mantle of professional confidence around applications for the production of abortions. Let these be regarded, as they undoubtedly are, as suggestions to the commission of felony, and let them be treated as would be a suggestion to commit robbery, forgery, or perjury. Let information, under oath, be laid before the proper authorities that the crime of abortion is meditated, and we will see it rapidly diminish, and perhaps cease altogether.

#### **Chicago Medico-Historical Society.**

We have been favored by a professional friend with a glance at the proof sheet of what purports to be a corrected list of reputable and honorable members of the medical profession in Chicago, to be published under the sanction of this Medico-Historical Society. Its perusal suggested mingled feelings of amusement, indignation and regret: amusement at the utter incongruity of the resolution which precedes the list, and the list which follows it,—a resolution which deprecates abuses, practiced notoriously by many whose names are appended—indignation that this should go forth to the world as a corrected list of the honorable members of our profession in this city—and regret that gentlemen of intelligence, of integrity, of unblemished professional honor, should allow themselves to be used for such base purposes. We predicted in our June No. difficulties which must grow out of an institution so carelessly organized, but are ourselves surprised at the rapidity of their realization, and not less at their magnitude.

Gentlemen, there is one mode of escape from the perplexities

which surround you. Dissolve, and reorganize, before that list shall have gone forth to the world as a fair exponent of the character and practices of your profession in this city. Is there no moral force in the profession? Shall it be said that two individuals dared to do what seventy-five dare not,—omit from their list men notoriously unprofessional, to use no stronger language?

Dissolve, before you demoralize the whole profession! H.

### **Consistency (?)**

To receive into your private office for medical instruction pupils to whom you refuse admission into your medical society. For example, compare the resolutions of the Chicago Society of Physicians and Surgeons, passed by a large majority at its meeting, April 13, 1874, and the subsequent course of certain gentlemen who voted for that same resolution, and for further particulars "see small bills." Gentlemen, remember the old Scotch proverb: "Betwixt twa stools the doup fa's down,"—"Who serves two masters, must lie to one of them."

---

### **Publishers' Notice.**

The Editors have crowded us with matter for the present No. to such an extent, that we have been compelled to print much of it "solid" instead of "leaded" as usual, for which we ask the indulgence of those of our readers who are compelled to wear spectacles.

W. B. K., C. & Co.

---

### **Errata.**

On page 417, July No. of the JOURNAL, in the foot-note, the word "deputation" should be *separation*.

On page 420, in the 18th line from the bottom, the word "labial" should be *lateral*.

---

### **Cholera.**

OFFICE OF THE SUPERVISING SURGEON,

U. S. MARINE-HOSPITAL SERVICE,

Treasury Department, August, 1874.

#### **DOCTOR:**

The Supervising Surgeon of the United States Marine-Hospital Service having been designated by joint resolution of the Forty-third Congress, approved March 25, 1874, in connection with a medical officer of the Army, "to confer



with the health authorities and resident physicians of such towns [as were visited by the Cholera Epidemic of 1873,] and to collect, so far as possible, all facts of importance with regard to such epidemic,"—for the purpose of making a report of the same to the President of the United States, to be submitted to Congress,—I have the honor respectfully to solicit a detail of the facts which came under your observation concerning the propagation and spread of the disease during that year.

The following memorandum embraces, substantially, the points upon which information is desired :

1. Name, sex, and age of patient.
2. Residence of patient—town, street, and number.
3. Day and hour of attack.
4. Premonitory symptoms, their nature and duration.
5. Progress of the disease: *a.* Day and hour of beginning of rice-water discharges; *b.* Day and hour of beginning of cramps; *c.* Day and hour of beginning of collapse; *d.* Period and extent of suspension of renal function; *e.* Nature of treatment and result; *f.* Day and hour when convalescence began; *g.* Day and hour when death occurred; *h.* Post-mortem appearances in detail.
6. Story of house occupied, and height of floor from ground.
7. Sanitary condition of house and enclosure: *i.* As to cleanliness of rooms—clean, neglected, filthy; *k.* As to ventilation and light—good, defective, bad; *l.* As to drainage of house—good, obstructed, absent; *m.* As to drainage of ground—good, obstructed, absent; *n.* As to location and condition of privies or water-closets, connection with street-sewer, mode of flushing, of ventilation of soil-pipe, disinfection, etc.; *o.* As to surface water, garbage, or filth about the premises.
8. Source and quality of water supply. If from a well or cistern, proximity of privy, sewer, or drain thereto, and chance of pollution.
9. General topography of localities in a given town where cholera prevailed.
10. Character of soil.
11. Character of drainage.
12. Occupation and habits of patient, and whether a resident of house where attacked for two weeks or over.
13. The facts in any case where the patient was attacked within two weeks after removing from an infected district into one previously free from the disease, specifying the respective districts and character of exposure.
14. The sequence of cases where more than one was attended, with their relations to each other, and to the cases of other physicians, with names of such physicians.
15. The means and agents used by the physician, by the family, and by the municipal authorities, to prevent the spread of the disease, and the result of such preventive measures.
16. Public measures taken to prevent the introduction of the disease into your community, with the result.
17. Temperature, rain-fall, and prevailing winds, for so long a period as practicable prior to appearance of cholera, and also during its continuance.
18. Dates of first and last cases of cholera in the locality in 1873—total number of cases, and mortality.
19. Connection, if any, between first cases in 1873, and the localities of the disease in the immediately preceding epidemic.
20. Names of cities, towns and villages known to you where cholera occurred during 1873, with any facts relating to the introduction of the disease to such, and the address of some respectable practitioner residing in each of the places named.

Contributions to this investigation, by answers to the foregoing—or to so much

thereof as is practicable—will be fully acknowledged in the official report, the value of which, it is hardly necessary to say, will largely depend upon the co-operation of the profession thus sought.

Copies of any reports or papers which you may have already prepared on the subject, or of those prepared by others and annotated or emended by yourself, will also be of service, and may be forwarded, to be returned if desired.

I am, Doctor, very respectfully,

JNO. M. WOODWORTH,  
Supervising Surgeon.

### Chicago Mortality Report for July, 1874.

#### MORTALITY IN MONTH OF JULY, 1874.

Accident, by burns .....	3	Cholera infantum .....	594
“ by being crushed .....	1	“ morbus .....	11
“ by drowning .....	16	Consumption .....	40
“ by explosion .....	1	Convulsions .....	180
“ by fall .....	3	Croup .....	3
“ in mill .....	1	Colic, lead .....	1
“ fractured skull .....	1	Cyanosis .....	1
“ thrown from wagon .....	1	Debility, general .....	9
“ run over by wagon .....	1	Delirium tremens .....	3
“ run over by bus .....	1	Diabetes .....	1
“ by scalding .....	1	Diarrhoea .....	67
“ by suffocation .....	1	“ chronic .....	4
“ by shooting .....	3	Diphtheria .....	4
“ by railroad .....	2	Dropsy, general .....	6
Abscess, hepatic .....	1	“ ovarian .....	1
Addison's disease .....	1	Dysentery .....	10
Anæmia .....	1	“ chronic .....	2
Aneurism of aorta .....	1	Dyspepsia .....	2
Angina pectoris .....	1	Endo carditis .....	1
Apoplexy .....	7	Enteritis .....	25
Ascites .....	1	Enterocolitis .....	33
Atelectasis pulmonum .....	1	Endo metritis .....	1
Bladder, hemorrhage of .....	1	Erysipelas .....	4
Bowels, hemorrhage of .....	1	Fever, congestive .....	2
“ ulceration of .....	1	“ intermittent .....	3
“ strangulation of .....	1	“ puerperal .....	7
Brain, congestion of .....	12	“ scarlet .....	12
“ inflammation of .....	12	“ typhoid .....	10
“ softening of .....	1	Gangrene .....	1
Bronchitis .....	4	Gastritis .....	5
“ capillary .....	2	Gastro enteritis .....	16
Caries .....	1	Hæmetemesis .....	1
Cancer .....	3	Hemorrhage .....	2
“ of breast .....	4	Heart, disease of .....	5
“ of neck .....	1	“ dropsy of .....	2
“ of liver .....	1	“ fatty degeneration of .....	1
“ of stomach .....	5	“ valvular disease of .....	3
“ of uterus .....	2	Hepatitis .....	2
Catalepsy .....	1	Hypertrophy .....	2

Hydrocephalus.....	22	Pneumonia.....	17
Inanition.....	34	Pleurisy.....	2
Intemperance.....	4	Pyæmia.....	2
Influenza.....	1	Rheumatism.....	2
Intussusception.....	1	Suicide, by poison.....	1
Icterus.....	1	"    by shooting.....	1
Jaundice.....	1	Scrofula.....	3
Kidneys, disease of.....	2	Scurvy.....	1
"    fatty degeneration of.....	1	Small-Pox.....	7
Liver, cirrhosis of.....	1	Spine, disease of.....	1
"    fatty degeneration of.....	2	Stomach, hemorrhage of.....	1
Lungs, congestion of.....	4	Stomatitis.....	1
Malformation.....	1	Sun stroke.....	7
Manslaughter.....	2	Tabes mesenterica.....	23
Menstrual suffusion.....	1	Teething.....	4
Metro peritonitis.....	1	"    and complications.....	12
Measles.....	4	Tetanus.....	2
Meningitis.....	19	Trismus.....	2
"    cerebro-spinal.....	8	Tumor.....	2
"    tubercular.....	4	"    of abdomen.....	2
Myelitis.....	1	Ulcers, gangrenous.....	1
Necrosis.....	1	"    and stricture of rectum.....	1
Old age.....	11	Uræmia.....	1
Paralysis.....	1	Uræmic poisoning.....	1
Perimetritis.....	3	Uterus, inflammation of.....	2
Peritonitis.....	3	Vitality deficient.....	3
"    puerperal.....	1	Whooping cough.....	17
Perityphlitis.....	1	Total.....	1454

Premature births.....	12
Still births.....	57
Total.....	69

## COMPARISON.

Deaths in month of July, 1874.....	1454
"    "    June, 1874.....	542
Increase.....	912
Deaths in month of July, 1873.....	1504
Decrease.....	50

## AGES.

Under one year.....	894	Forty years to fifty.....	51
One year to two.....	222	Fifty " " sixty.....	33
Two years to three.....	39	Sixty " " seventy.....	32
Three " " four.....	10	Seventy " " eighty.....	11
Four " " five.....	7	Eighty " " ninety.....	4
Five " " ten.....	19	Ninety " " one hundred.....	—
Ten " " twenty.....	43	Total.....	1454
Twenty " " thirty.....	43		
Thirty " " forty.....	46		
Colored.....	5	Males.....	765
White.....	1449	Females.....	689
Total.....	1454	Total.....	1454

TABULATED STATEMENT OF TWENTY-FO

CASES.	Day of Disease on which obser- vation began	Pulse, Temperature Respiration.	1st Day.		2d Day.		3d Day.		4th Day.		5th Day.		6th Day.		7th Day.		8th Day.		9th Day.		10th Day.		11th Day.		12th Day.		13th Day.		14th Day.		15th Day.	
			M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.
1	7th	P. T. R.	86 103 19	96 104.5 27	88 103 18	84 104 18	-----	112 106.4 20	96 105.8 28	-----	92 103 26	100 104.5 21	90 104.5 20	96 105.6 24	124 103 24	104 106 24	116 105.2 24	100 105.2 24	108 106.5 24	108 102.4 20	-----	108 101 20	106 101.5 24	104 101 16	90 103.6 24	96 102.5 24	128 101 24	90 102.3 24	92 104 21	100 101.5 21		
2	6th	P. T. R.	90 104 30	103 106.5 38	92 104.5 32	104 105.5 37	96 104 23	108 105 28	96 104.5 30	100 103.6 27	116 105 25	104 107.5 25	104 106 28	-----	93 102 27	100 104 28	100 101.5 24	104 105 28	106 102 32	104 103.5 25	96 102.5 25	-----	100 103.5 20	104 105.4 28	108 102.5 28	120 105.3 32	100 101.5 24	108 105 30	100 101.5 28			
3	3d	P. T. R.	80 100 20	92 103 20	96 101 26	92 105 16	96 103.5 32	92 102.5 20	104 102 20	98 103.5 24	108 102 24	-----	84 104 20	104 103.5 28	108 105 24	104 102.6 23	104 102 24	96 103.5 20	84 104 20	100 101 27	-----	84 101 25	84 103 20	96 104 20	75 99.5 21	98 106 28	-----	72 99.5 18	-----			
4	5th	P. T. R.	94 103 26	104 105 30	96 104 28	96 105 24	80 103 24	96 105 25	96 104 20	84 103 24	70 100.5 20	88 102.5 23	80 101 18	76 102 16	92 102 18	80 102.5 20	96 102 20	-----	92 102 20	-----	92 103 20	88 102 20	-----	-----	-----	-----	-----	-----	-----	-----		
5	16th	P. T. R.	108 105.5 32	120 105 36	100 105 36	108 105 40	120 104.5 40	128 105 36	102 104.5 32	104 105.5 32	120 105.4 38	94 101 32	108 101 40	90 104.5 40	-----	104 101 30	-----	101 101 36	108 103 24	84 102 24	100 103 24	88 103 24	104 103 30	-----	-----	-----	-----	-----	-----	-----		
6	11th	P. T. R.	100 105.5 30	-----	96 103.4 26	112 105 26	104 103 32	116 105 32	108 104.5 36	112 104.6 36	116 106 36	100 102 26	108 102 26	-----	100 103.5 22	108 103 22	96 104.5 28	120 103 30	100 102 28	100 103 30	96 102 22	104 102 22	112 101.5 32	100 102 22	116 102.6 36	90 104.3 36	100 102 28	80 104.5 32	108 105 36			
7	4th	P. T. R.	104 103 24	-----	108 103.7 21	120 104 34	104 102 28	124 105 26	112 103 26	120 104 28	112 103.5 24	108 105 28	116 102 28	100 103 28	-----	104 103 24	-----	104 104.5 23	96 102.6 20	116 104 24	108 105 24	112 103 26	108 105 30	104 102.5 24	96 102.5 22	104 104.3 20	120 104.5 32	108 105 32	-----			
8	9th	P. T. R.	104 104.7 26	100 103 26	93 103.8 24	116 107 28	112 105 24	104 107 22	100 104.5 28	104 105 28	92 102.5 36	108 107.2 30	96 105 30	100 104 24	-----	98 101.5 32	100 104.5 30	96 102 32	96 102 32	92 101 32	108 104.5 26	96 102 26	104 105.5 32	112 104.4 40	104 105.5 36	112 102.6 36	104 106 40	120 104.5 32	108 105 32			
9	14th	P. T. R.	-----	84 106.2 28	80 104.5 32	72 105 24	92 104 20	96 105 24	92 106 26	94 106 26	72 103.5 24	84 104 30	96 104.5 28	80 102.6 24	96 105.5 24	100 104 24	92 104.5 20	88 102 24	-----	90 101.5 28	84 105.5 28	76 101.5 28	76 102 28	78 102 20	74 102 22	-----	-----	-----	-----	-----		
10	15th	P. T. R.	100 101 18	112 105 20	-----	-----	108 104.5 24	120 105 23	116 104.5 20	108 105 28	116 105.5 24	-----	90 104 24	100 102 28	108 104 32	92 102.5 25	120 104 30	116 103.3 28	110 102.5 28	104 103.5 24	104 102.5 28	108 103.5 24	96 101 24	100 100 24	104 100 24	120 103 20	96 102 24	114 104 36	104 101 24			
11	3d	P. T. R.	80 102 18	82 103 20	80 103 17	96 104.5 20	84 105 20	92 104 24	90 105 16	96 105 16	92 102 20	108 105 28	90 102 20	80 103 20	92 104.5 22	96 103 16	88 102 18	84 104.5 20	92 102 18	94 101 20	102 104.5 20	90 102 20	92 101 20	88 100 18	90 106 24	86 105.5 18	90 100 20	86 101 18	-----			
12	12th	P. T. R.	-----	92 104.5 28	90 103 28	104 105 40	90 104 32	96 104.5 28	92 104 25	104 104 24	-----	-----	-----	100 102 28	-----	104 105 30	116 106 36	100 105.5 40	124 106.5 44	92 103 44	116 102 40	96 104 30	104 106 30	104 104 36	-----	108 102 24	-----	106 103 24	-----			
13	4th	P. T. R.	-----	90 104.5 20	80 102.5 18	-----	68 103 18	80 102 16	80 102 24	96 106 24	102.5 105 26	105 104 16	80 105 19	72 104 19	80 105 14	80 103.7 20	80 105 21	80 105 18	90 104 16	80 103 14	80 105 14	80 103 14	80 105 16	96 104.5 20	78 102.5 20	76 102.5 18	72 102 20	76 102.7 16	-----			
14	14th	P. T. R.	-----	112 104.5 23	84 103 16	100 104 24	102.5 104.3 20	96 104.3 16	100 104 20	98 104 20	92 103 18	100 104.5 16	102 105 16	84 103.5 16	92 105 14	94 103 14	-----	80 104 20	80 105.4 20	104 102.5 20	96 102.5 20	120 103 28	116 103 28	104 103.5 24	100 102 24	104 103.5 23	90 101 24	96 101 24	-----			
15	3d	P. T. R.	104 101 24	108 102.5 26	104 103 30	120 105 30	112 104 28	132 104.8 28	108 105 30	120 105 30	116 104 26	-----	112 102.5 24	118 104.5 24	132 105 20	96 102.6 28	120 103 28	116 103 32	116 103 30	116 103 26	128 104 32	130 105 36	-----	136 106 40	124 103 32	132 103.5 34	120 104.5 32	132 105 32	-----			
16	10th	P. T. R.	-----	100 105 30	100 103.5 24	104 104.6 20	100 102 20	120 105 25	98 103.5 25	-----	116 103.5 30	116 105.6 32	108 104.8 32	96 105 32	118 106 24	116 104.5 24	-----	92 103.5 28	120 105 28	100 104 30	108 105 28	100 104 28	96 103.7 24	96 103 24	96 103 24	100 103.5 24	90 104.5 28	96 105 28	-----			
17	8th	P. T. R.	-----	96 104 32	92 102.8 28	100 103.5 26	-----	88 102.5 24	100 103.5 24	92 103 24	100 104.5 28	90 104.5 28	96 102.7 28	92 103 24	96 105 24	100 103 24	104 102.5 24	112 102.5 24	112 102.5 24	-----	116 102.5 30	130 101.5 28	92 102 28	102 101.5 28	124 102.5 28	128 102.5 28	132 102.5 28	117 101.5 28	96 101.5 18	-----		
18	2d	P. T. R.	80 99.5 20	80 101 20	80 101 22	80 103 20	84 102 20	80 101 24	80 102.5 26	78 102.5 24	80 102 24	84 103 24	92 103.5 28	92 101 28	72 103.5 24	96 102 24	100 102 24	88 101.5 28	88 101.5 28	80 102 24	88 100.5 24	80 100.5 28	80 100.5 28	80 104.8 32	84 102 24	92 104.5 28	80 99.5 24	88 104.2 24	80 99.8 24			
19	5th	P. T. R.	116 103.5 32	108 104 36	100 103.6 40	100 103 30	116 102.5 24	112 102.5 32	104 103 32	92 102.5 36	92 102 38	124 104.8 36	-----	-----	-----	120 102.5 28	132 103.8 36	120 103 34	108 103.5 28	120 103.5 32	134 105 28	124 102 38	-----	108 103.3 32	132 104.3 30	106 103 32	112 103 32	120 104 32	124 102.5 36			
20	6th	P. T. R.	-----	96 105 22	84 103 23	72 102 20	72 102 20	-----	76 104 20	70 104 20	80 104 20	88 104.5 24	72 103.5 20	60 101.5 24	68 101.5 23	64 102 25	-----	86 101.5 23	80 105 24	72 105 20	84 103.8 19	100.5 100.5 28	104.5 104.5 28	84 100.5 22	80 101.5 20	80 102 23	86 102 24	72 101.5 24	92 100 24	-----		
21	8th	P. T. R.	100 105.7 28	98 106 26	116 105.5 24	107 106.5 28	120 106.5 24	120 104.5 28	120 106 24	128 106.5 30	132 107 30	142 108 48	160 105 48	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	
22	13th	P. T. R.	-----	100 104 30	108 102 30	96 103 28	80 102.5 24	-----	72 102 24	100 105 28	92 104.5 30	84 101 24	108 105.6 24	84 101 24	108 106 28	92 104 20	112 106 28	104 102 28	-----	104 102.5 24	116 103.3 20	96 102.5 20	116 101 20	96 101 28	108 104.5 24	88 101 25	104 10					



	15th Day.	16th Day.	17th Day.	18th Day.	19th Day.	20th Day.	21st Day.	22d Day.	23d Day.	24th Day.	25th Day.	26th Day.	27th Day.	28th Day.	REMARKS.
	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	
100	101.5	90	116	92	100	98	94								Edema of left lower extremity. Recovered.
101.5	102.5	101.4	105.5	101	101.5	101	100								
21	23	12	24	16	25	24	20								
100	101.5	104	108	106	116	116	100	96	98	94	92				Uncomplicated. Recovered.
101.5	105	101.3	104.4	103	105.5	102	105	101	104.3	100	102				
28	30	28	30	32	32	36	30	24	25	22	24				
72	84	69	70	84			80								Parotitis and suppuration of both glands. Recovered.
99.5	102.5	101	102	100.5			100								
18	32	20	23	20			20								
															Uncomplicated. Recovered.
															Severe Bronchitis. Recovered.
108	84	99	96	90	92										Severe Bronchitis. Recovered.
105	100	102	100	100	101										
36	24	20	23	22	20										
		96	104	90	94	86	90								Uncomplicated. Recovered.
		103	103	102	103	101	101								
		30	32	24	26	20	22								
108	116	104	116	108	104	104	108	96	124	112	104	96	108	100	Hemorrhage from bowels. Death.
104.5	105.5	104.6	106	104	106	103.5	105	102.5	106.5	103	104.5	102	105	103.5	
32	40	36	36	36	40	28	32	18	36	28	24	16	20	20	
															Uncomplicated. Recovered.
104	108	104	112	108	112										Uncomplicated. Recovered.
101	102	103	103	102	101										
24	24	24	30	30	26										
															Uncomplicated. Recovered.
96	100	104	104	120	104	104	102	92	92	90	99	96	100	100.5	Deafness. Recovered.
104	104	104.3	101.5	101	101	102	102.5	99	98.5	102	99	100	101	100.5	
40	40	32	32	36	32	28	28	24	28	18	18	18	18	20	
76	84	76	84	76	80	84	84	72	72	84	80	76	80	84	Right Hemiplegia and Aphasia. Recovered.
100.7	101.5	101	104.5	100	103	101.3	102.5	99.5	103.6	100	103.5	102	104	99.5	
16	20	14	16	16	14	16	18	16	20	20	20	18	20	22	
96	96	104	106	104	96	106	106	100	106	78	136	120	130	140	Peritonitis. Death.
102.3	103.5	103.8	105	103	103	102.5	102.5	101.3	104	104	104	103.5	104.5	104.5	
24	26	26													

TABULATED STATEMENT OF EIGHT CASES

No. of PATIENT.	Day of dis- ease on which ob- servation began.	Pulse. Temp'ture. Respirati'n	1st Day.		2d Day.		3d Day.		4th Day.		5th Day.		6th Day.	
			M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.
1	1st.	{ P. T. R.	----- ----- -----	90 103.5 23	84 102.8 20	96 103.5 24	90 103 22	120 105 30	98 102.5 24	112 103.7 28	80 99.5 18	86 100.5 20	76 99.5 18	74 99.3 18
2	3rd.	{ P. T. R.	----- ----- -----	84 103.3 24	80 100.7 20	88 103.3 24	80 100.5 24	88 101.7 28	76 98.8 22	88 102 28	80 99.5 22	82 101 24	74 99 20	76 100 20
3	5th.	{ P. T. R.	----- ----- -----	96 105 30	96 104 28	104 103 28	90 103 30	86 100 28	90 102 28	100 103 24	80 101.5 24	96 102.5 24	72 100 18	74 100 18
4	5th.	{ P. T. R.	----- ----- -----	96 103 24	100 104.5 28	----- ----- -----	90 103 28	80 100 20	92 102.7 20	96 103.5 20	80 102.5 20	96 105 24	92 101 18	90 100 20
5	8th.	{ P. T. R.	96 106 56	100 104 30	88 103.5 16	90 101 16	90 100 18	80 98.5 16	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----
6	5th.	{ P. T. R.	----- ----- -----	76 104 24	50 101 18	76 103 20	66 100 16	72 102.5 16	72 98.5 18	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----
7	9th.	{ P. T. R.	96 99.3 17	104 105 24	90 99.3 16	124 105 24	104 97 16	92 98.5 16	90 99 16	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----
8	7th.	{ P. T. R.	----- ----- -----	72 104 24	70 102.3 20	70 103 20	68 98.5 24	70 103 20	64 99 24	68 101.5 20	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----

## EIGHT CASES OF REMITTENT FEVER.

[illegible]